County	allea	/	1	CERTIFICATE	OF DEATH
			1	Registration	Dist. No.
Village or C	ty Cumberla	uh (No	2 6	Hell st; Wa	Flf doubt accurred in
PER	SONAL AND STATISTICA	L PARTICULA	RS	MEDICAL CERTIFICATI	E OF DEATH
Male	Colored Colored	SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wor	raid	Month)	(Day (Year)
6 DATE OF BIR	***************************************	_	,1850	that I last saw hall alive on A	My 2 Mg, 1913,
7 AGE	(Month)	(Day	(Year) If LESS than	and that death occurred on the date st	1
	58 yrs - ma	s ds.	1 day,hrs.	The CAUSE OF DEATH* was as follow	
(a) Trade, profess particular kind of (b) General nature business, or est which employed (9 BIRTHPLACE (State or c)	ion, or Factorial work. e of Industry, abilishment in Plumu or employer)	ug St	wf	Contributory College Secondary	Mellusenia
S S S S S S S S S S S S S S S S S S S	PLACE SEO. CC	dans	no d	(Signed) (Signed) (Address)	Manager M. D. M. D
13 BIRTHI	PLACE		/	18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS)	ALS, INSTITUTIONS, TRANSIENTS,
OF MO (State 14 THE ABOVE (Informant) (Address	Is TRUE TO THE BEST OF SECTION OF	Colauge	EDGE	111 (te yrs, mos, ds
Filed D			REGISTRAR	Land No 1	10-4

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

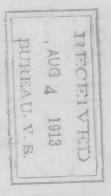
1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

inaterial worked on may form part of the second "Manager," "Dealer," etc., without more precise specistatement. should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits cau be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthfuletc. If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." iujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 Never report For viods.;



PHYSICIANS should RECORD PERMANENT AGE proper Z be ADING suppli may that 80 jo pe terms, pluods plain Instructions = EATH P M **L**0 Item Every item CAUSE OF Important. m

15

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No St:.....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 26 that I fast saw h Man allve on (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day. hrs. The CAUSE OF DEATH * was as follows: 3 mos. Zds. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory..... ⁹ BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Addross) ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death yrs. mos. ds. State yrs. mos. ... Where was disease contracted, It not at place of death? Former or usual residence

It death occurred in

a hospital or institution.

give its NAME instead of street and number. I

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No. 1.

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER



[Approved by L. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Ottleery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Examples: For vio-



	oli NO
RECORD	PHYSICIANS S
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
G INK-THIS	plied. AGE should be properly class
TH UNFADIN	be carefully supply so that it may
PLAINLY, WIT	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate.
WRITE	B.—Every item of it. CAUSE OF DEA

ż

LACE OF DEATH STATE OF MARYLAND 9002 CERTIFICATE OF DEATH Registration Dist. No [If death occurred in St;Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED: (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Month (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day. hrs. min. ? 8 OCCUPATION (a) Trede, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191... (Address) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. State yrs. ... Where wes disease contracted. If not at place of death? usual residence DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S No. 1



[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should he jused only when needed. As examples: the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genltai," "Senlle," etc.), "Dropsy," "Exhaustlon," ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." lnjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may he stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:



MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be cerefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1 PLAGE OF DEATH 9003	STATE OF MARYLAND CERTIFICATE OF DEATH
Cou	nty Mary	Registered No.
Vill	FULL NAME Teranica	Sasley Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, WINDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DAT	E OF BIRTH	may 29, 1913 to Suly 1/ 1913.
	(Month) (Day) (Year)	that I last saw he alive on July 11 1913
7 AGE		and that death occurred on the date stated above, at
	yrs. mos. ds. OR min.?	The CAUSE OF DEATH* was as follows: -
(a) To partice (b) 6 busine	cupation (ade, prefession, or cular kind of work eneral nature of industry, ss, or establishment in	(Buration) yrs mos /#ds-
9 BIR	employed (or employer) THPLACE te or country) Levelanda Andrew Mcl	(Secondary) Contributory Secondary Manuagins Typhi (Secondary) (Secondary)
	ONAME OF The Charley	(Signed) Toechlin, u. D.
ENT	State or country) Line Teer areal Mole	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
11 BIRTHPLACE OF FATHER (State or country) Live Tour Carel Mich 12 MAIDEN NAME OF MOTHER PERSON FREE 12 MAIDEN NAME OF MOTHER PERSON FREE 13 BIRTHPLACE OF FATHER OF MOTHER O		TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
1	S BIRTHPLACE OF MOTHER (State or country) Strost Curry	At place in the of death yrs, mos, ds. State yrs, mos, ds.
14TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(li	oformant) 4 - Serve en	Former or usoal residence
	(Address) Passens ave	19 PRACE OF BURIAL OR BEMOVAL DATE OF BURIAL
18	To some Frederick	20 UNDERTAKEN ADDRESS
Fit	12 191391 2 ECVALUAGE REGISTRAR	Got Deitter Cely
	If more blanks are needed, address State Registra	r. & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. Material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 valvular heart disease; Ohronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acclwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of _ (name origin; "Can-The nature of the For VIO-



	1 PLACE OF DEATH 9004	STATE OF MARYLAND
C	unty allegany	CERTIFICATE OF DEATH
COL		Registration Dist. No. 12
Vill		St.; Ward) [If death occurred least a hospital or Institution give Its NAME Instead
	FULL NAME William Ca	of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ne	Lale, White Single, Single, Married, Wisowed, ORDIVORGE, ORDIVORGE (Write the word)	16 DATE OF DEATH July 25, 1918 (Month) (Day (Year)
DA	Lune 21 1913	17 HEREBY CERTIFY, That I attended deceased from Luna 21, 1912, to use 24, 1913 that I last saw h Low alive on Luly 24, 1913
⁷ A C	(Year) (Year) (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 a. The CAUSE OF DEATH* was as follows:
(a) par (b) busi	CCUPATION Trade, profession, or tloular kind of work. General nature of Industry, ness, or establishmenf in ch employed (or employer)	(Duration) yrs. mos. 5
9 BI	RTHPLACE (State or country) Gilmon Md	Contributory Secondary (Dugation) yrs mos
S	10 NAME OF Elijah Berman	(Signed) At Chailes Medland Wid
ARENT	OF FATHER (State or country) Mary Land	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL
P	13 BIRTHPLACE OF MOTHER (State or country) Mary Cand	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) Af place In the of death yrs mos ds. State yrs mos
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Gliga & Guman	Where was disease contracted, If not at place of death? Former or usual residence.
16 File	de July 261913 FACharles	Dax Hill Lonacoung July 26, 181.
	REGISTRAR	trar, 6 E. Ganklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of Never report For vio-



BINDING FOR RESERVED MARGIN

B. No.

N. B.-Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT IS INK-THIS UNFADING See instructions on back of certificate. WITH PLAINLY, WRITE Important.

15

Village or City M/ Sorroga (No./4). *PULL NAME Bennet	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Month) (Day) (Year)	that I last saw halive on
TAGE It LESS than 1 day,hrs. ormin.? Coccupation (a) Trade, profession, or particular kind et work. (b) General nature et Industry,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows? The CAUSE OF DEATH * was as follows?
business, or establishment in which employed (or employer)	Contributoryds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF THE OTHER OF THE OTHER OF MOTHER OF THE OTHER OF THE OTHER OF MOTHER OF THE OTHER O	(Secondary) (Daration) (Signed) (
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted.

14 THE ABOVE

(Address)

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAK

If not at place of death?

Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. Never material worked on may form part of the second Grocery: (a) Foreman, (b) Automobile factory. The duties of the household only (not paid Housekecpers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL scptichae genital," "Senile," etc.), "Dropsy," "Exhaustion," "H:art failure," "Haemorrhage," "Inanition," "Maras affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomencla injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary). 10 ds. ample: Measles (disease causing death), 29 ds.: nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway trainis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of ... (name origin; "Can State cause for Never report Examples:



No. V. S.

Co	unty allesseney	CERTIFICATE O
00.	P	Registration Dis
Vill	lage or City Misland Md (No.	St.;Ward
	2 FULL NAME / Slaubhe Mar	gan Berdialo
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O
3 SE	Terrole 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, ORDIVORCE ORDIVORCE ORDIVORCE (STEEL WOOD)	16 DATE OF DEATH (Month)
6 D/	ATE OF BIRTH Dec. 24, 1857	that I last saw h & alive on Sulle
7 A C	(Month) (Day (Year) GE it LESS than 1 day,hrs.	and that death occurred on the date states
	55 yrs 6 mos 26 ds or min.?	The CAUSE OF DEATH * was as follows:
	RTHPLACE (State or country) HORIZON HORIZON (State or country)	Gontributory Secondary
	10 NAME OF Robert Lorman KIS	(Signed) For Koncher
ENTS	11 BIRTHPLACE OF FATHER (State or country) Jelonola	*State the Disease Causing Death, of Causes, state (1) Means of Injury; a Tal, Suicidal, or Homicidal.
PAR	12 MAIDEN NAME Morgan	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS OF RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the ot death yrs mos ds. State Where was disease contracted,
14 T	Quila: de la fina	it not at place of death?
	(Informant) distribution	usual residence
((Address) Missland Mod.	19 PLACE OF BURIAL OR REMOVAL MO Las Allowaeoung 20 UNDERTAKER
15	(Address) Missland Mod.	To place of Burial of REMOVAL ?

1 PLACE OF DEATH

9006

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

_				
			T14	

[If death occurred in

1.	give its NAME Instead of street and number.]
- 6	MEDICAL CERTIFICATE OF DEATH
,	16 DATE OF DEATH July 20, 1913 (Month) (Day (Year)
=	17 Opril 15 1913, to July 19, 1913
•	that I last saw h. Er alive on Jeelef 19 , 1913
	and that death occurred on the date stated above, at 10,30Pm The CAUSE OF DEATH * was as follows:
-	Couser Ulirus
	(Duration) I ploud ds
-	Contributory
	Secondary (Duration) yrs mos ds
	(Signey) The Karks M. D. July 22, 1913 (Address) Medlaud Mil
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
-	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place
i	ot death
	Former or usual residence.
-	las Hell Longerung July 32, 1913.
	20 UNDERTAKER ADDRESS - 20



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman," The (4)

CAUSING DEATH (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted icsis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," brospinal Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Examples: Cerebrospinal (avoid use

> mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



V. S. No.

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ounty allegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Enacering (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED WED ORDIVORCED (Write the word)	18 DATE OF DEATH Self 8 1913 (Month) (Day (Year) 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Authorized, 1	July 1911 -, 191 , to July 18 , 1913,
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at Am, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Crum Grelcure	Contributory Securification Secondary
10 NAME OF FATHER Reynolds 11 BIRTHPLACE OF FATHER OF FATHER 2 OF FATHER 12 MAIDEN NAME OF MOTHER 9	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Cereland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death yrs, mos ds.
(Interment) Lather John Brady (Address) Mysrsdale Ra	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR BEMOVAL AMERICAN CONCERN 21, 1913.
Files rely 19, 1913 Dellack	20 UNDERTAKER ADDRESS Gracering Grar, G. E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

--- (a) Spinner, it should be used only when needed. As examples: Grocery; (a) Foreman, (b) Automobile factory. The cated thus: CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," But in many "Foreman," (4)

Statement of cause of death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucasis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT NEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sareoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. "Contributory." by earbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-aeciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for death), 29 ds.; For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County all gares	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City We Levery (No	St.; Ward) [If death occurs a hospital or Institution of street and number of street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, WIDOWEO, OR OIVERCED (Write the word) G DATE OF BIRTH Jamy 14 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO, WIDOWEO, WIDOWEO, WIDOWEO, WIDOWEO, WITH THE WORD)	16 DATE OF DEATH (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased f Autor 191 that I last saw hours alive on 191
(Month) (Day) (Year) 7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3 The CAUSE OF DEATH * was as follows: Acuta Errortes -
(b) General nature of Industry, business, or establishment In which employed (or employer) BIRTHPLACE (State or country)	Contributory alcolostation yrs. mos 20 (Secondary)
10 NAME OF FATHER Secury Boods 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos Where was disease contracted, If not at place of death?
(Informant) Filed, 191	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS
If more blanks are needed, address State Registra	Jacob Hafur trostling,



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative lealthful-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer; Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not minc, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical eer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



S. No.

state Very allegany YSICIANS should OCCUPATION IS PHYSICIANS RECORD of Exact statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MANIEGO (Write the word) stated DATE OF BIRTH properly classified. pe (Month) 7 AGE It LESS than should 1 day hrs. AGE BOCCUPATION (a) Trade, profession, or particular kind of work. carefully supplied. may be (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER 0 0 pe of Information should b on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) WRITE PLAINLY 12 MAIDEN NAME See Instructions OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) TRUE TO THE BEST OF CAUSE OF Important. S (Address)..... 15 m ż

1 PLACE OF DEATH

9009

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

[It death occurred la .Ward) a hospital or institution

give Its NAME Instead of street and number.]

16 DATE OF DEATH	Lovey	21	1013
	(Month)	(Day	, 191.3 (Year)
17 I HERES	Y CERTIFY, That I		
July 19.1	915 , to 120	4 8 L	, 191
that I last saw harres, a	live on Oze	les 3	0 1913
	0		_
and that death occurred	on the date stated	above, at/.	409m,
The CAUSE OF DEATH *	was as lollows:		
leerebro	el apo	feler	cy
001 n = 0,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-	
000000000000000000000000000000000000000	**************************************	***************************************	·
	800000000000000000000000000000000000000	000000000000000000000000000000000000000	****************
	(Duration)	vre	nne de
- //^	lero-se	0 -	us.
Secondary Secondary	esio- we	Leso	
Webb retes	2 proga	-3/	alvelor
dheese	(Duration)	yrs	mosds.
(Signed)	166	72993	. M. D.
7/23 1013	1. C	00%	blow
, 1310	(Address)		
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMI	Ausing Death, or, ns of Injury; an cidal.	In deaths fr id (2) wheth	om VIOLENT er ACCIDEN-
18 LENGTH OF RESIDEN OR RECENT RESIDENTS	CE (FOR HOSPITALS,	INSTITUTIONS,	TRANSIENTS,
At place	In the		
ot death yrs mos.		yrs	mos ds
Where was disease contracted, if not at piace of death?			
Former or	(4)		8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
usual residence	001 ° 0 = 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	********************	•••••••
19 PLACE OF BURIAL OF	REMOVAL	DATE OF B	URIAL
A 1 1/1.	10.	Val	911. 3
20.00	y	KRALJ	191
20 UNDERTAKER	1.	ADDRESS	
tous x	Huy	Rei	100

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The questiou tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause of death approved by Committee on Nomencla-"Contributory." ture of the American Medical Association.) The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) Never report For vio-



PLACE OF DEATH 9010	STATE OF MARYLAND
County Alleghams (14	CERTIFICATE OF DEATH
County Hegitany	Registered No.
near / July Sal	Sit death occurred in
Village or City (No. 14.	a nospital of institution,
· Mati Bui	give its NAME instead of street and number.]
FULL NAME Matting Dyn	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH July 31 1913
Male While WIDOWED, MIKLIMUS ORGIVORGEO (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY GERTIEY, That I attended deceased from
Mikumu	1912 to 113
(Month) (Day) (Year)	that I last saw h Ann alive on Just 30 ,191 3
7 AGE If LESS than	and that death occurred on the date stated above, at
# day,hrs. 1 day,hrs.	The CAUSE OF DEATH * was as follows:
OCCUPATION	Tall stones and obsess he
(a) Trade, protession, or particular kind of work	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. 2 mos ds.
BIRTHPLACE 7/	Contributory(Secondary)
(State or country) May Luca	(Duration) yrs mos ds.
10 NAME OF POLITICAL BANGE	(Signed) Hance Wilso, N.O.
Tunua Insula	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 Runnin	
C 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER We kunner	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	OR RECENT RESIDENTS) At place / 9 In the
13 BIRTHPLACE OF MOTHER (State or country)	of death for yrs mos ds. State yrs mos ds.
THE ABOVE IS TRUE TO THE BOST OF MY KNOWLEDGE	Where was disease contracted, find at piace of death?
Informant) Hay to Dyrue	Former or B. 1 = 1/18
Frequency VILL	19 PLACE OF BURIAL OR REMOVAL RATE OF BURIAL
(Address)	Milland July 3/, 1913
JUL 81 1918 77 January	20 UNDERTAKEA CADDRESS /
FILEO REGISTRAR	a leur Tomacomna
if more blanks are needed, address State Registral	
. \	Ch W C RA

[Approved by U. 8. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Statement of occupation—Precise statement of occupa-tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing neart, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. If retired from business, that fact may be indl-Women at home, who are engaged in the The question

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal freer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursersal septicharmus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mails: ture of the American Medical Association.) scpsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "ileart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin: "Can "Exhaustion," Never report Examples:



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 9011	STATE OF MARYLAND CERTIFICATE OF DEATH
Cou	inty Clerzony (7)	Registration Dist. No.
Villa	age or City (Assas Indiana (No. 49 Ga	St.; Ward) [It death occurred in a hospital or inetitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month) (Day (Year) I HEXBEY CERTIFY, That I attended deceased from
6 DA	Month) (Day (Year)	that I last saw h 44 alive on 1917
7 AG		and that death occurred on the date stated above, at
(a) part (b) bush whice	Trade, profession, or clicular kind of work	Clument threet subvector (Duration) 2 yrs. mos. ds.
9 811	RTHPLACE (State or country)	Secondary
NTS	10 NAME OF FATHER OLD TO CLARACTE OF FATHER (State or country)	(Signed) (Address) (Address) (But Address)
PARENTS	12 MAIDEN NAME OF MOTHER SUSGES Blace Channel	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14-	13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted,
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death? Former or usual residence
16 File	JUL 24 1918 Januagha	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regist	trand E. Franklin St. Balto Boomsting V S No. 1



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Salesman, CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-Ex-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

1 PLACE OF DEATH 9012	STATE OF MARYLAND
Allagan	CERTIFICATE OF DEATH
County acceptant	Registration Dist. No. 13
Village or City Wide Klusic (No. Co	St.; Ward) [If death occurred in a hospitat or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Tesale White the word)	Month) (Day) (Year) 17 Q. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Uay (Mon/h) (Day) (Year)	fully 6, 1913, to fully 9, 1913, that I last saw h tralive on fully 7, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at & A i m.
/02 yrs. 2 mos. ds. 0Rmin.?	
BOCCUPATION	Jyenlery
(a) Trade, profession, or particular kind of work.	
(b) Genaral nature of Industry,	
business, or establishment in which amployed (or employer)	(Duration) yrs. mos. v ds.
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF Pak. Wodusy	(Signed) 22 breeze , LD
11 BIRTHPLACE OFFATHER	, 191 0. (Address) 7 0200 mg/m
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	/ *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Mayout Soulon	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mcs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) oron Wrulers	Former or
(Address) Gudlolluan Wel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Throstburg all July 11, 1913.
Filed, 191	20 UNDERTAKER ADDRESS
REGISTRAR	yacob Obafer. Throstourgelos
If more blanks are needed, address State Registr	rer 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremah, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichacture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by earbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcasics (disease causing death), 29 de.: nant neopiasms); Measles; Whooping cough; Chronic Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can The nature of the Never report Examples:



Exact statement

properly classifled.

DEATH in plain terms, so See instructions on back of

CAUSE OF Important.

m z

90	13

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

					1
0.	41-4-		Ph 2 - 4	B.L.	-
ш	gistri	ation	Dist.	NO	

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE Single, MARRIEO, WIDOWEO, OR DIVORCE (Write the word)	16 DATE OF DEATH July (Month) (Day (Year)
6 DA	Same of Birth Same 26 1913 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from July 15, 1913, to July 21, 1913, that I last saw harmalive on July 21, 1913
7 A G	If LESS than t day,hrs.	and that death occurred on the date stated above, at
(a) par	Trade, profession, or Hoomes work	au Ste y area - p pror
huel	General nature of industry, iness, or establishment in ch employed (or employer) CLL Herrica	(Ouration) yrs mos 20 ds.
9 81	RTHPLACE (State or country) Mol	Contributory O Deura of Jungs Secondary (Duration) yrs mos /2 ds.
10 NAME OF FATHER Charles Howell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER		(Signed) / has the farm, M. D. Beeg 1: , 1913 (Address) Gracebaster
		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
14 -	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	1 BLENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
	Informant) Serge Brownell	If not at place of death?————————————————————————————————————
	(Address) Cambridand MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fje	WG 2 1913 J. 7. Januaghi	20 UNDERTAKER 2 ADDRESS ADDRESS
	If more blanks are needed address State Deviate	Twis teris brunt of

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. neation as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite discase can be ascertaiued as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory "Old Age," "Shock," "Uraemla," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustiou," State cause for Never report



		should state
	RECORD	PHÝSICIANS of OCCUPAT
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very "Important. See instructions on back of certificate."
V. S. No. 1.	WRITE PLAINLY, WITH	N. B.—Every item of information should be carefully suicAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.

Cou	1 PLACE OF DEATH 9014	STATE OF MARYLAND CERTIFICATE OF DEATH
000		Registration Dist. No.
Villa	Was & Stones of	St.; Ward) [If death occurred In a hospital or Institution, give its NAME instead of street and number.]
	FULL NAME // MC - MEWILL	- Stronger
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	* COLOR OR RACE SINGLE, MARRIEO, WIDOWED, OR DIVORGED (Write the word)	OMONTH GLEY 4 1913 (Month) (Day (Year) 17
8 DA	TE OF BIRTH	July 4 1913 to July 4 1913.
7 AG	(Month) (Day (Year)	that I last saw h alive on July 4, 1913
	yrs	and that death occurred on the date stated above, at
(a) par	Trade, profession, or clicular kind of work. General nature of Industry,	
busi	ness, or establishment in	(Duration) yrs. A mos. ds.
9 B1	RTHPLACE (State or country)	Secondary (Duration) yrs mos ds
	10 NAME OF FATHER VM. S. Deuteuses	(Signed) P. Welleraskis, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Indury; and (2) whether Acciden-
PARI	of MOTHER Hazel a. Green	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Tale .	At place In the of death yrs mos ds. State yrs mos ds
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
16	(Address) 2 Prape of St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1913.
FU	5 1913191 Talueght REGISTRAR	20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

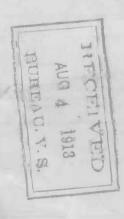


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mahager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE material worked on may form part of the second essary to know (a) the kind of work and also (b)Statement of occupation-Precise statement of occupa-Spinner, especially in industrial employments, it is nec-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," engineer.

CAUSING DEATH (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopneumonia prospinal term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., (the only definite synonym is meningitis"); Diphtheria (avoid use Typhoid unqualified, is indefinite): Tubereufever (never report "Typhoid "Epidemic cere-Carcin-

> mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avold use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid—probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciadent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," The nature of the "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No.

County Place of DEATH 9015	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Gity Essenbulated (No. 200, *FULL NAME (Stillborn)	Registration Dist. No. Nand and St.; G'Ward) St.; G'Ward) Anopital or Institution give its MAME lestead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Month (Day) (Year)	that I last saw h alive on Sullbirth, 191
7 AGE Stillbow Mos. Mos. Mos. OR. Min. ?	snd that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
S OCCUPATION (a) Trade, protession, or particular kind of work	as aby 54 or 613 Month of Mrs. (Duration) yrs. mos. ds.
State or country)	(Secondary) (Derayon) // Derayon) // Derayon
10 NAME OF FATHER CLULL OF OF ATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(\$igned) , M. O. (Address) , M. O. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds.
Informant, Sur process of My Knowledge	Where was disease contracted, It not at place of death? Former or usual residence
(Address) 206 Frank an Filed L 7 1918 A Shawing M REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOUNDERTAKER ADDRESS ALLER LOUNDERTAKER ADDRESS
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: cases, especially in industrial employments, it is necof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In ary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purereral scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. -Kart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Never report Examples: For vio-



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, State occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the nismass Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

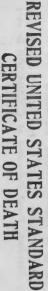
Statement of cause of death—Name, first, the Disease Causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronk ture of the American Medical Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken, childbirth or miscarriage, as "Purrperal scptichacetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma, etc., of ... "Contributory." -Keart failure," "Haemorrhage," "Inaultion," "Maras. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples: For vio-



	a lo
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	4. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.
WRITE PLAINLY, WITH	4. B.—Every Item of Information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.

Signed Of FATHER OF FATHER OF FATHER OF MOTHER OF M	Coi	PLACE OF DEATH 9017	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Ferrale White Sharkers Married Wishers Words Pare of Birth Dec. If (Year) (Month) (Day (Year) Tage II LESS than t day, brs. or stablishment in which employed (or employer) Becriff of Partie Words Contributory Birthplace (State or country) 13 Birthplace of Month 14 The Above is True to The Best of My Knowledge (Informan) (Informan)	Vitt		give its NAME instead
DATE OF BIRTH OLD THE World (Month) (Day (Near) FORTHER OF BIRTH OLD TO MANE OF FATHER (State or country) OF FATHER OLD R Martur 10 NAME OF FATHER (State or country) 11 NAME OF FATHER (State or country) 12 MAJORN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE (Informant) MAY (State or country) 15 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE (Informant) MAY (Moderss) 16 MAGNES (Modress) (Month) (Day (Near) (Month) (Month) (Day (Near) (Month) (Month) (Day (Near) (Month) (Month) (Day (Near) (Month) (Month) (Month) (Day (Near) (Month) (Month) (Day (Near) (Month) (M		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH Occ.	3 SE	MARRIED, Marrie	(Monty) (Day (Year)
TAGE If LESS than to day, hrs. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) OBERTHPLACE (State or country) OF RATHER OLLL R Martur 10 NAME OF FATHER OLLL R Martur OF AATHER OF CONTRY) 11 BIRTHPLACE OF AATHER (State or country) 12 MAIDEN NAME OF OFMOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE O	6 DA	Dec. 14, 188	, 191 to
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PLUE R Martur 11 BIRTHPLACE OF FATHER OF MARTING State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OF MOTHER OTHER OTH	6 oc (a) par	If LESS II t day, h	and that death occurred on the date stated above, at mrs. The CAUSE OF DEATH* was as follows: Column Colum
State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 16 (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address) (Ad	bus! whi	ness, or establishment in ch employed (or employer)	Gontributory Secondary
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Address) 15 FIRET 2 0 1918 REGISTRAR 18 RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) In the Of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNBERTAKER APPRESS APPRESS APPRESS	RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Am A Shaw Carous, M. D State the Disease Causing Death, or, in deaths from Violente CAUSES, state (1) MEANS OF INJURY, and (2) whether a second of the course of the course of the care of the course of t
(Informant) Mrs. Thos Fire I find at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 FINE 20 1918 FINE 20 1918 REGISTRAR REGISTRAR If not at place of death? FORMER OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNBERTAKER Appress Appress Appress		13 BIRTHPLACE OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
FILE 20 1918 JANUARY 20 UNBERTAKER APPRESS REGISTRAR REGISTRAR PROPERTY OF THE		Informant) Mrs. Show Finan	If not at place of death? Former or usual residence
	16 Fire	REGISTRAR	20 UNBERTAKER APORESS THE OWNERS



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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	ECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	F	Y. P
5	PERMANE	tated EXACTL Exact statem
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	THIS I	E should erly class
)	NK	L. AG
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	arefully supplied that it may be certificate.
	WITH	uld be c rms, so back of
	PLAINLY,	Every item of information should be carefully sup GAUSE OF DEATH in plain terms, so that it mai important. See instructions on back of certificate.
	WRITE	n of Inf
V. S. No. 1.		. B.—Every Iten CAUSE O Important.
>		Z

PLACE OF DEATH 9018 County Creeges	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Church de (No. 505)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Widowed, Words (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I sttended decessed from
O DATE OF BIRTH	, 191, to
(Mouth) (Day (Year)	that I isst saw h alive on, 191
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER Waller A. Column do. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	or Recent Residents) At place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
(Informant) Walter A. Edward	If not at place of death? Former or usual residence
(Address) Sanda. Ma 16 FiledUL 9 1918 5 January REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

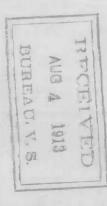


[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



RECORD	PHYSICIANS should state t of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. 'PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
E PLAINLY, WITH UNFADIN	Every item of information should be garefully sup CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.
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Village or City Mt Lewer Fro. 2 *FULL NAME Lewer & Clu	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED,	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Hat I last saw h. Last Malive on July 2 4 191 3
7 AGE yrs. 3 mos. 6 ds. 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
6 OCCUPATION (e) Trade, profession, or particular kind of work	Oleo calitis
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Secondary)
OF FATHER Reclieved Evenus 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (A
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
(Informant). THE BEST OF MY KNOWLEDGE	if not et piace of death? Former or usual residence
(Address) Ut Lucy 15 Filed Lat 27, 1913 Filed Registran If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PARTY AND AND ADDRESS ADDRESS Trooth Man



[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid fever fever

such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresar septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrities cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples:



z

PLACE OF DEATH

9020

more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

7

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St:....Ward)

[It de	ath oc	curred
a hospita	al or Ir	stitutio
give its	NAME	Instea
ot street		

nb O	wing	2	or street and manner.]
	MEDICAL CE	RTIFICATE OF	DEATH
16 DATE OF E	DEATH A	(Month)	17, 1913
	HEREBY CE	RTUFY, That I	attended deceased from
The CAUSE O	occurred on the	as follows:	aboye, at 1/-31 frm
Contributo (Secondary	ry Thear	(Duration)	yrs mos ds
The second second	, 191.3. (Addre	ss) May	Leupen J. H.
*State the CAUSES, stat TAL, SUICIDA	DISEASE CAUSING (1) MEANS OF HOMICIDAL	NG DEATH, OF, F INJURY; and L.	in deaths from VIOLENT/
18 LENGTH O OR RECENT At place of death y Where was disea it not at place of Former or	F RESIDENCE (F RESIDENTS) rs mos se contracted,	FOR HOSPITALS.	INSTITUTIONS, TRANSIENTS yrs,
19 PLACE OF	BURIAL OR RE	MOVAL	DATE OF BURIAL July 20, 1913
20 UNDERTA	KER	. 1	ADDEED



[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. .it should be used only when needed. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative mealthfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In all expect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Mcdlcal Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Aceidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "l'urrebral septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convultions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "Asinjury, as fracture of skull, and consequences (e. g., Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary "Dropsy," "Exhaustion," "Taemla," "Weakness," (name origin; "Canor intercurrent; State cause for Examples: 00



V. S. No. 1.

	9021	
	PLACE OF DEATH	STATE OF MARYLAND
	County alleg Har	CERTIFICATE OF DEATH
1	The state of the s	Registration Dist. No.
	Village or City Cumberland (No. W.	Md. Han 4th If death occurred in
	Village or City Land (No. 17,	a hospital or Institution, give its NAME Instead
	2FULL NAME Morgan & V	of street and number.]
	2FULL NAME / WYGUW	auguag
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX COLOR OR RACE SINGLE, Surgle	18 DATE OF DEATH July 14 1013
	male White Witte the word	Clonth) (Day (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	ah 13 ,893	July 12 1913, to July 1913
	(Yonth) (Day (Year)	that I last saw h u alive on July 14 ,191 3
	7 AGE if LESS than	and that death occurred on the date stated above, at 3 30Pm
	20 yrs 3 mos 1 ds 0R min.?	The CAUSE OF DEATH* was as follows:
	8 OCCUPATION P	
	(a) Trade, profession, or particular kind of work.	Baril of July 7-12,
	(b) General nature of Industry, business, or establishment in	Carl Land
	which employed (or employer)	thration Tris mos ds
Cale	9 BIRTHPLACE (State or country)	Contributory Secondary
	- Ma.	(Duration) yrs mos ds
9	10 NAME OF FATHER PARTY	(Signed). alk Hawkens M. D.
2	11 BIRTHPLACE	~ A A
Dag	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Auditor)
	12 MAIDEN NAME Q 1. 0 0	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
200	of Mother Clasa Richards	18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TO
	13 BIRTHPLACE OF MOTHER	At place In the
	of Mother (State or country)	of deathyrsmosds. Stateyrsmosds Where was disease contracted, O
9	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Civil Gaerefulle	Former or Usuai residence. Quelle ()
0	(Address) Creelin Md	19 TACE OF BURIAL OR REMOVAL DATE OF BURIAL
	16	Creelin Md July 14, 1903
	FIRED 14 1913 91 Thameghe	20 UNDERTAKER ADDRESS
1	REGISTRAR	Jours Steer City
1	If more blanks are needed, address State Regist	frar. 6 E. Franklin St. Rolto Romosting V C No. 1



[Approved by U. S. Census and American Public Health Association.]

statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, mcninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstittal nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scotichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for Never report For VIO-



PF	RSONAL AND STATISTICAL PAR	TICH ARS	MEDICAL CERTIFICATE OF
3 SEX	4 COLOR OR RACE SINGLE MARRIE	D. Sais la 18	DATE OF DEATH (Month)
6 DATE OF E	IRTH March	2 ,912	HEREBY CERTIFY, That I a I HEREBY CERTIFY, That I a I I last saw ham alive on Auto d
7 AGE	1 yrs H mos	if LESS than and 1 day,hrs. The	that death occurred on the sate stated a CAUSE OF DEATH* was as follows:
	ON 3	۷	Dysenlery'
business, or which employed	stablishment in (or employer)	ATTO	Contributory I AMMANCE of Secondary
	IER A/A	Sign	1 18 / 2 0 1
Z OF (Sta	HPLACE FATHER te or country) EN NAME MOTHER	1 + 1 T	*State the Disease Causing Death, or, i auses, state (1) Means of Injury; and al, Suicidal, or Homicidal.

REGISTRAR

If more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1

1 PLACE OF DEATH

STATE OF MARYLAND

OF DEATH

[It death occurred to

a hospital or institution, give its NAME instead

DATE OF BURIAL

of street and number.]

(Day (Year) t I attended deceased from or, in deaths from VIOLENT and (2) whether ACCIDEN-LS, INSTITUTIONS, TRANSIENTS.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Icsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia Examples: Cerebrospinal (avoid use of

> mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Auaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



	ECORD	HYSICIANS should state
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
>		Z

Ounty Alls Sarsaff	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Case Sundand (No. Ollage) 2FULL NAME GEO FROM 5	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULATES	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	July 8, 1913, to July 78, 1913, that I last saw him alive on July 78, 1913
TAGE It LESS than 1 day,hrs. Colored Market	and that death occurred on the date stated above, at 6308 m, The CAUSE OF DEATH+ was as follows: Lyphon) ferry
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Parthelace (State or country)	Contributory Exhaustin Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Duration) (ST
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death yrs. mos. 2 ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKES ADDRESS rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify aii diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstilial nephritis, "Contributory." sepsis, tetanus) such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminai conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Mcastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 4 1913
BUREAU. V. S.

BINDING	
FOR	
RESERVED	
MARGIN	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City College From	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 5 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 28, 1910, to 1913, that I last saw have alive on 1913
it LESS than 1 day,hrs. ORmin.? OCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated shove, at 4 Pm, The GAUSE OF DEATH* was as follows: Ruptured gaugemous appendicates
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Delay M. Campelling a (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Address) Address) 1918 191	of death yrs. mos. 4 ds. State yrs. mos. ds. Where was disease contracted, force . Schaells fare Former or usual residence. Scheells leave and mel. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 24 UNGERTAKER ADOREGS.



[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. statement. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciniaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing pratt (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichar-Cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms) ; Measles; Whooping cough: Chronic oma. Sarcoma. etc., of "Contributory." Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



		hould state
	RECORD	PHYSICIANS s
No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.	7	Every iter CAUSE O important.

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1 PLACE OF DEATH

STATE OF MARYLAND

County Alex Parall	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Casaland (No.17 1/2, 15) 2FULL NAME Thomas O	Sees ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH Color 1913
DATE OF BIRTH (Month) (Day (Year)	that I last saw him alive on July 27, 1913
7 AGE If LESS fhan 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	(Ouration) yrs mos 7 O ds
SBIRTHPLACE (State or country)	Gontributory & hauster Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) That M. D. (Signed) That M. D. July 28, 1913 (Address) Current Fundamental State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where wes disease contracted,
(Informant)	If not at place of death? Former or usual rosidence
Alol 28 1913, 191 Talaugh	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BU

If more blanks are needed, address State Registrar, Franklin St., Balto., Requesting V. S. No. 1.

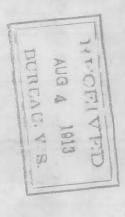


[Approved by U. S. Census and American Public Health Association.]

; (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. "Contributory." LENT DEATHS State MEANS OF INJURY and qualify us childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report For vio-



V. S. No. 1.

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1 PLACE OF DEATH	STATE OF MARYLAND
200- 100	
County Alle	CERTIFICATE OF DEATH
	Registration Dist, No.
1. Dulant W.	Mar Absh
Village or City	St.; Ward) a hospital or institution,
L I	give its NAME instead of street and number.]
2 FULL NAME / DEUTGO TILES	nan Crowaleu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH
Male White (Write the word)	(Moyth) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, 191, 191,
(Month) (Day (Year)	that I last saw h allye on, 191
7 AGE If LESS than	and that death occurred on the date stated above at 9 Pm.
18 _ 2 1 day,hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ORmin. ?	Arm Les + His cut coursed
8 OCCUPATION (a) Trade, protession, or	by help cut he a plane
particular kind of work. Tarmer	Trunk marin accident
(b) General nature of industry, business, or establishment in	(Burnellan)
which employed (or employer)	(Duration)mosds.
9 BIRTHPLACE (State or country)	Secondary
- ua	(Duration)yrsmosds.
10 NAME OF FATHER OF S	(Signed Mm. A. Shew Carouls No
11 BIRTHPLACE	001-
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER A A A A A A A A A A A A A	State the Displace California Delivery
12 MAIDEN NAME	tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a OF MOTHER Marine Holler	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	or RECENT RESIDENTS) At place
OF MOTHER (State or country)	of death yrs. mos. ods. State yrs. mos. ods
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Centreville Pa
(Interment) + 3, 3, modern	Former or
	usual residence
(Address) Centreville	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16 Touled fally da	Dunted Valleyta XIII 6 ,1913
FINAL 5 1913191 Fredungen:	20 UNDERTAKER ADDRESS
If more blanks are needed address Chile D.	Som stern City
It more blanks are needed, address State Regls	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

0090



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (d) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberentesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion," the head Never report



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state

Vii	lage or City Lumberland (No. 63.	Regis
	FULL NAME infant	Hogs
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GEI
3 51	**COLOR OR RACE SINGLE, MARRIED, WIOOWED, ORDINORCED (Write the word)	16 DATE OF DEATH
6 D	(Year)	that I last saw ham allve o
7 A		and that death occurred on the
	CCUPATION	
(b) bus whi	Trade, profession, or ticular kind of work General nature of industry, iness, or establishment in ch employed (or employer)	Gantributery
pa (b) bus whi	General nature of Industry, Iness, or establishment in	Contributory Secondary (Signed)
(b) bus whi	deneral nature of Industry, ness, or establishment in ch employed (or employer) The place (State or country) To name of father father formers by Hages The platter formers by Hages The platter formers by Hages	Secondary (Signed)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

9027

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Dist. No.

ard)

[it death occurred in a hospital or institution, give its NAME instead ot street and number.]

1913

E OF DEATH

	(Month)	(Day	(Year)
7 I HEREBY C	ERTIFY, Tha	t I attended	deceased from
July 6 1914	3 to Jul	46	E161.
	00	In Ses	6 -
at I last saw ham alive	on	The state of	191 5
d that death occurred on	the date state	ed above. at	10309 m
TO CAUSE OF DEATH * WE			
(N)		/	
(nematin	10 Bi	nin	
^~ * * * * * * * * * * * * * * * * * * *			******************
	(Duration)	WPP	mor do
***************************************	(bul ativit)		mosds
Secondary	*****************		
0 *	(B) (B) Al \		
ON The	(Duration)	yrs	/.mosds
Igned)	Dur		eco, M. D
July 7 101 3 (AND	ress 200	1. much	avis St
*State the DISEASE CAUSES, state (1) MEANS	OF INJURY:	or, in deaths and (2) whe	from VIOLENT
TAL, SOICIDAL, OF HOMICID	AL.		
BLENGTH OF RESIDENCE OR RECENT RESIDENTS)	FOR HOSPITAL	S, INSTITUTION	S, TRANSIENTS
t place	In the		
death yrs mos		yrs	mos ds
here was disease contracted,			
not at place of death?	************************		AB******************
ormer or Sual residence			

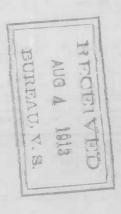


[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

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valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronie mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ture of the Americau Medical Association.) by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of death), 29 State cause for



	F	Y.
	ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement see instructions on back of certificate.
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	ITE	of information should be carefully sup DEATH in plain terms, so that it ma see instructions on back of certificate.
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Item Every Item CAUSE OF Important.

SICIANS should OCCUPATION IS

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 1913, to. that I last saw h ____ alive on ____ (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for For VIO-



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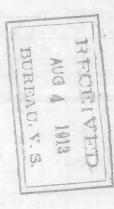


[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing different of the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis of lungs, meninges, pertionaeum,

childbirth or miscarriage, as "Purrperal septichae cause. Always qualify all diseases resulting from genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ver" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sureoma. etc., of ... The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

Cou	PLACE OF DEATH 9030 (43)	STATE OF MARYLAND CERTIFICATE OF DEATH
	FULL NAME Mrs. Mars	St.; Ward) St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	male White (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I Stended deceased from
DA	TE OF BIRTH 1836 (Month) (Day (Year)	that I last saw h LN alive on July 2 1913
7 AG	1 LESS than 1 day,hrs. ORhrs.	and that death occurred on the date stated above, st. 9. 0.5 cm. The CAUSE OF DEATH* was as follows:
(a) par (b) bush	Trade, protession, or fousewife ficular kind of work General nature of industry, ness, or establishment in A hold own kome	Carsinoma of breach
Manage of the last	RTHPLACE (State or country) Alleanum Co. MA	Contributory Exhausting 111
S	10 NAME OF FATHER OPHILLS H. Gross 11 BIRTHPLACE	(Signed) Ja M. Speag Md., M.D. July 22, 1913 (Address) walkerland Md
PARENTS	OF FATHER (State or country) () Jamy 15. May 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Bedford C. Pal	At place of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted,
	informant) Allkayer State Best of My KNOWLEDGE	it not at place of death? Former or usual residence
15 File	duly 22, 191 B. Bennett	Tamily for on farmat huy 25, 181 3 20 UNDERTAKER NOLOGIA AUGRESS
11		ray, 6 E. Franklin St., Balto., Requisiting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foremau," (0)

Icsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," "Croup";) brospinal fover (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid unqualified. is indefinite): Tubercuforer (never report "Typhold Diphtheria (avoid use Examples: Cerebrospinat

> valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 affectiou need not be stated unless important. ture of the American Medleal Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine defluitely. Examples: "Collapse," "Coma," "Convulsions," "Debility" ("Cou-Bronchopneumonia (secondary), 10 ds. Never report is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustlou," (Recommendations on statement of The uature of the For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.

AUG ★ 1918 BUREAU, V. S

SEP 9 1913

mitter with

RECORD	PHYSICIANS should state of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

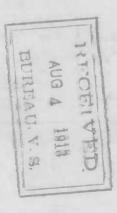
Gounty Allegang 9031	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
1 1 1 1 1	Uncelled oddst.; I ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Jan 21 , 1913	that I last saw h & alive on 1913
7 AGE (Year) 7 AGE (Year) 16 LESS than f day,hrs. ORmin.?	and that death occurred on the trate stated above at 8 mm. The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF ATHER (State or country) England 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) England	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
(Informant) Marquet Hobras	Where was disease contracted, if not at place of death? Former or usual residence
FIRML 29 1913 ₁₉₁ Talenger REGISTRAR	DATE OF BURIAL OR REMOVAL DATE OF BURIAL JUNIO 1913

[Approved by U. S. Consus and American Public Health

gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for Never report For VIO-



1 PLACE OF DEATH	STATE OF MARYLAND
9032	CERTIFICATE OF DEATH
County & Legan	4.
(4/222	Registration Dist. No.
Village or Citylen of Tagel Hel (No. 190)	Liberty St. J Ward) If death occurred in
Village or Cityferen of and My (No. 19	ward) a hospital or Institution, give its NAME instead
	of street and nomber.]
FULL NAME Toda Censo Toxy	7.11. G. d. M.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Sales 29 1013
WIDOWED. WIDOWED.	(Month) (Vay) (Year)
Generale - While (Write the word)	17/ I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	July 76 1913 to Int. 29 1913
Catober 2 1828	// / / / / / / / / / / / / 2
(Month) (Day) (Year)	that I last saw h W alive on 1910
7 AGE	and that death occurred on the date stated above, atm,
84 yrs. 9 mos. 29 ds. ormin.?	The CAUSE OF DEATH* was as follows:
	Carcinoma / Min
(a) Trade, profession, or	1
particular kind of work	V
(b) General nature of industry, business, or establishment la	(Question) 2/100
which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)	(Secondary)
(state or country) talleum Mal	(Opration) yrs mos 20ds.
10 NAME OF () O C O O	
FATHER OF TON A - Tonicas	(Signett) , M. D.
O 11 BIRTHPLACE	Ash 36, 1913 (Address) Commencent Mid
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	state the DISEASE CAUSING DEATH, or, in deaths from VioLENT
12 MAIDEN NAMEN. / 5	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER MIT IS A DOLLE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
the TN Harl	If not at place of death?
(Informant)	usual Teydence.
(Address) Command	19 LACE OF BURIAL OF BURIAL
15 (AUU1555)	Nosoxta Otaxpelet 73/ 1913
FIRMUL 81 1913 Tolounghi	20 UNBERTAKER THE ADDRESS.
REGISTRAR	THE VOICE OF
	r, 6 E. Frankin St., Balto., Requesting V. S. No. 1.
TY MALE NITTHE STO MCCOOK, STATES DESTRICTS	a, o m. branking St., Daito., Requesting V. S. No. 1.

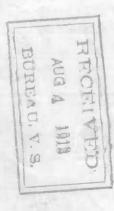


[Approved by U. S. Census and American Public Health Association.]

Groccry; (a) Foreman, (b) Automobile factory. The statement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal scptichacmus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mailg tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of etc. (name origin; "Can State cause for Examples:



County allegany.	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Consaptoni, (No	St.; Ward) [If death occurred a hospital or institution give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5 single, MARRIED, WIDOWED, Single OR ON OR ON OR (Write the word)	Month) (Day (Year)
DATE OF BIRTH Jel 2 , 19/2 (Month) (Day (Year)	I HEREBY CERTIFY, That I attended deceased from 1913, to 191 4, 191 191
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER Column S Tomplow 12 MAIDEN NAME OF MOTHER Column S Tomplow 13 MAIDEN NAME OF MOTHER Column S Tomplow 14 MAIDEN NAME OF MOTHER Column S Tomplow 15 MAIDEN NAME OF MOTHER Column S Tomplow 16 MOTHER Column S Tomplow 17 MAIDEN NAME OF MOTHER Column S Tomplow 18 MAIDEN NAME OF MOTHER Column S Tomplow 18 MAIDEN NAME OF MOTHER Column S Tomplow 19 MAIDEN NAME OF MOTHER Column S Tomplow 10 MAIDEN NAME OF MOTHER Column S Tomplow 11 MAIDEN NAME OF MOTHER Column S Tomplow Column S Tomplo	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from Viole CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidentals.
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. where was disease contracted, if not at place of death?
Filed January Registrar If more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL COUNTRIES ADDRESS trar, 6 E. Franklin St., Balto., Requesting V. S. No. 15

STATE OF MARYLAND

9033

1 PLACE OF DEATH

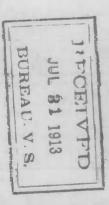


[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 affection need not be stated upless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report d8.;



	PLACE OF DEATH 9034	STATE OF MARYLAND
Ca	unty alleg 3004	CERTIFICATE OF DEATH
	lage or City Cumberland No. 62	Registration Dist. No
	FULL NAME Mary Virginia	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 9	TE OF BIRTH THE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from June 2.7, 1913, to June 1913. that I last saw he alive on June 20, 1913.
7 A		and that death occurred on the date stated above, at 5 am, The CAUSE OF DEATH* was as follows:
(b) bus whi	Trade, profession, or ricular kind of work General nature of industry, liness, or establishment in ch employed (or employer) RTHPLACE (State or country)	(Duration) yrs mos A ds. Contributory described: Secondary
PARENTS	10 NAME OF FATHER L. S	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted,
	(Interment) 1.2.8 Junes (Address) 6.2 and St.	Former or usual residence
15	1 2 1913, 191 Ladameghr	20 UNDENTAKER Stein Stein Coly.
	If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

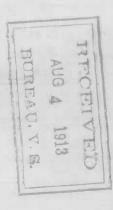


[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing may be stated under (Recommendations on statement of death), 29 ds.; State cause for Never report Ex-



V. S. No. 1.

	state
	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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Wolfe bi Aini V with TineAbine law Tue of a permanent	S.—Every item of information should be carefully supplied. AC CAUSE OF DEATH in plain terms, so that it may be profilmportant. See instructions on back of certificate.
	ry Itel ISE C ortant
	N. B.—Every CAUS Impor
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	PLACE OF DEATH 9035	STATE OF MARYLAND CERTIFICATE OF DEATH
Cot	unty Carely	Registration Dist. No. 12
Vill	2FULL NAME Mary In	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FO	male While Single, Married, Wisowes, Word (Write the word)	16 DATE OF DEATH Month Day (Year) HEREBY CERTIFY That I attended deceased from
6 DA	March 9, 1866 (Month) (Day (Year)	that I last saw here alive on July 10 1913
7 A G	it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9/15 Cm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry.		nungause
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)		Contributory Prusers anacura Secondary
S	10 NAME OF GLORGE JMCS 11 BIRTHPLACE	(Signed) (Address) Mulland
PARENTS	OF FATHER (State or country) ennylvania 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Lennsylvania	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds
	intermant) Leaniel Imes.	Where was disease contracted, It not at place of death? Former or usual residence.
15 File	ed July 11, 1913 A JACharles	Change of Burial or REMOVAL DATE OF BURIAL ON LINE 13., 191.3.
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

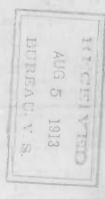


[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The .. statement. material worked on may form part of the second "Manager," "Dealer," etc., without more precise specishould be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b)applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborerit should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa is very important, so that the relative healthful-Spinner, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carein-

ample: Measles (disease causing death), 29 ds.; ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For VIO-



		hould state
•	RECORD	of OCCUPATION
S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
S. No. 1.		m m

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W) (N)	

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Lonaconno (No. , St.; W 2FULL NAME Robert Speir I gab	[If death occurred in a hospitat or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICAT	E OF DEATH
Frale White the word) 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDINORED (Month)	(Day (Year)
B DATE OF BIRTH G DATE OF BIRTH (Month) (Day (Year) (Month) (Day (Year) (Thereby Gertify, Thereby Ge	Jarly 13 th, 1913
and that death occurred on the date s If LESS than	
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (Duration Contributory Secondary) yrs. mos. A ds
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER (Ouration (Signed)	Hodger M. O
13 BIRTHPLACE OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPIOR RECENT RESIDENCE) At place of death	
Where was disease contracted, if not at place of death? (Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frayklin St., Balto., Requesting V S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: For many occupations a single word or term on the who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

RESERVED FOR

MARGIN

W. B. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County aller	CERTIFICATE OF DEATH
12:0	Registration Dist. No. 12
Village or City Lehnard (No	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Conth Day (Year)
(Month) (Day) (Year)	that I last saw h
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 6360 m,
B 3 yrs mos. ds. OR min.? B OCCUPATION (a) Trade, profession, or particular kind of work.	The gruss of DEATHY was as tollowed frat Self in filad with a 32 Calbair revaller.
(b) General nature of industry, business, or establishmen1 in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory(Secondary)
10 NAME OF SATHER SANKWOULD	(Signed Henry Carguel M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Controller 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted.
(Informant) Mus foastwalleelle	If not at place of death? Former or usual residence
(Address) Gilmore allol. Filed July 8, 1913 7 H Phoeles	19 PLACE OF BURIAL OR REMOVAL Millers Cemetary July 9, 1913 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Registre	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
A more promise are money, accress profits the list in	, o m. pramann ot., Barto., mequesting v. S. No. I.

9037



[Approved by U. 8. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speclstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. For many occupations a single word or term on the who have no occupation whatever, write None. who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: (0)

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head (name origin; "Can State cause for "Exhaustion," Examples:



PERMANENT RECORD stated EXACTLY. should be UNFADING INK-THIS AGE N. B.—Every Item of Information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be i Important. See instructions on back of certificate.

PHYSICIANS should state of OCCUPATION IS very

Exact statement

properly classified.

9038

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Co	ounty	Registration Dist. No.
Vil	lage or City Gasbarland (No. 13° B	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (I) (Year)
6 D	ATE OF BIRTH Month (Day (Year)	that I last saw harm alive on July 17 1913.
7 A		and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH * was as follows:
pa (b) bus	CCUPATION Trade, profession, or rificular kind of work	-6 m. Micamage — (Duration) yrs. mos. ds.
9 81	10 NAME OF FATHER	Contributory Funalusty Secondary (Signed) yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIOTO NAME 13 MAIOTO NAME 14 MAIOTO NAME 15 MAIOTO NAME 16 MAIOTO NAME 17 MAIOTO NAME 18 MAIOTO NAME 18 MAIOTO NAME 18 MAIOTO NAME 19 MAIOTO NAME 19 MAIOTO NAME 10 MAIOTO NAME 10 MAIOTO NAME 10 MAIOTO NAME 11 MAIOTO NAME 11 MAIOTO NAME 12 MAIOTO NAME 13 MAIOTO NAME 14 MAIOTO NAME 15 MAIOTO NAME 16 MAIOTO NAME 17 MAIOTO NAME 17 MAIOTO NAME 18	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INTIDAY, or of (2) and (3) and (4) and (4) and (5) and (6) and
	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
	Informant)	Where was disease contracted, If not at place of death? Former or usual residence
15 File	delle 78 1918 Toomien-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
	004	Tal at the same of

If more blanks are needed, address State Registrat, & E. Franklin St., Balto., Requesting V. No. 1.

V. S. No.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The "(a) Spinner, (b) Cotton mill; (a) Salcsman, gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) For VIO-



V. S. No. 1.

		should state
	RECORD	PHYSICIANS of OCCUPA
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1.	WRITE PLAINI	N. B.—Every Item of information should be carefully supp CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.

Village or City Lindacoming (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, WIDOW	MEDICAL GERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h. Ex alive on July 3:1, 1913
FAGE If LESS than f day,hrs. ORmin.? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	and that death occurred on the date stated above, at 1-16 km The GAUSE OF DEATH* was as follows:
which employed (or employer) 9 BIRTHPLACE (State or country) Scalland	Gontributory Secondary
OF FATHER OF FATHER OF FATHER OF FATHER OF MOTHER OTHER OF MOTHER OTHER OTH	(Signer)
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Interment) and the BEST OF MY KNOWLEDGE (Interment) Address) Madland My S Elled Clay to 1913 Malland	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
REGISTRAR	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion,"



	RECORD	PHYSICIANS should state of OCCUPATION is very
F. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate.
Sec.		Min.

PLACE OF DEATH 9040	STATE OF MARYLAND
County () Klo es esses	CERTIFICATE OF DEATH
County Land State of the County of the Count	Registration Dist. No. 12
Village or City Medleud (No,	St; Ward) [If death occurred in a hospital or Institution
* PULL NAME Many 18	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure 1 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw her alive on July 10 , 1913,
7 AGE II LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10 300 m.
B OCCUPATION (a) Trade, profession, er particular kind of work	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER LANGE SLEETING 11 BIRTHPLACE OF FATHER (State or country)	(Signed) 2 17 (Address) Millschaft From Violent
of Mother Jake Carencingh	CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 LENGTH OF RESIDENCE (FOR Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the ot death yrs, mos, ds. State yrs, mcs ds. Where was disease contracted.
(Informant) A ALLE TO THE BEST OF MY KNOWLEDGE	It not at place of death? Former or usual residence.
(Address) Midland	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Filed July 12, 1913 FAC Lacles REGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqudiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasscpsis, tctanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maily oma. Surcoma. etc., of ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detnil, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

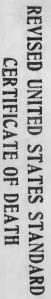
BURBAU, V.S.

V. S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
Ite E (
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Min.

	1 PLACE OF DEATH 9041	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. May ave st; 6 Ward) If death occurred in a possibility of incitivities.
	*FULL NAME Mellie May	Helley A hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jemal Hile 5 single, Married, Widower, Married (Write the word)	16 DATE OF DEATH 294 , 1912 (Month) (Day (Year)
	* DATE OF BIRTH January 10 (Month) (Day (Year)	1912, to hely 29, 1913 that I last saw h. & alive on J. Ly 28, 1919
	7 AGE If LESS than 1 dayhrs. 0R min.?	and that death occurred on the date stated above, at 3 30 cm. The CAUSE OF DEATH* was as follows:
	e occupation (a) Trade, profession, or particular kind of work.	Larangicial Tuhur 20 60000
	(b) General nature of Industry, business, or establishment in which employed (or employer)	Gontributory Lemma daleins
	9 BIRTHPLACE (State or country)	Secondary
	10 NAME OF GEORGE METANER	(Signed) (Duration) fyrs mos ds
	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	of Mother Charge Strong	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
	(Informant) All The To The Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence.
	(Address) Combercand	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	16: # 18 705 191 # Tranyh-	20 UNDORTAKER & ADDRESS
1	REGISTRAR	ono Tem mutal

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

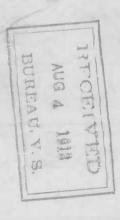


[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative heaithfuishould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubcrculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. chiidbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection used not be stated unless important. injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



V. S. No.

	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
*		ž

	1 PLACE OF DEATH 9042	STATE OF MARYLAND
		CERTIFICATE OF DEATH
Co	unty alleg	Hedwick It Registration Dist. No.
	a con a m	1000
Vill	age or City Cumberland (No. Mes	fullance That Ward) [If death occurred in a hospital or institution,
	FULL NAME Sufact	Rolley give Its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	CX 4 COLOR OR RACE SINGLE, MARRIED, SIMILO	16 DATE OF DEATH
6	Male White (Molyorca)	(Month) (Day (Year)
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
v	: July 8 1913	, 191 to, 191,
7	(Month) (Day (Year)	that I last saw h un alive on July 8 ,1913.
7 AC	If LESS than t day, we has.	and that death occurred on the date stated above, at
		The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, profession, or	
par	dicular kind of work	
busi	ness, or establishment in ch employed (or employer)	(Duration) yrs mos ds
	RTHPLACE (State or country)	Contributory Greeceters Boute, 6 news
	(State or country)	Secondary (Quration) yrs mos ds
	10 NAME OF Was bloom	(Circod) That M. 1 d
S	11 BIRTHPLACE	July 8, 1913 (Address) Ruch har was
N	OF FATHER (State or country)	
PARENT	OF MOTHER Minus (Grand	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Tru Kelley	If not at place of death?
	P.+-	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
15	(Address)	11 (12 x (1) (0) , below 9 -
Pal	8 1913, 1 dancedor	20 UNDERTAKER ADDRESS
1 444	REGISTRAR	Louis Steil City
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

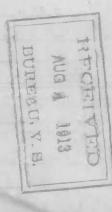


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfination of Daystelescop Baren laborer, Laborer Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig accidentia, suicidat, or nomice at, or as probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INCORY and qualify as which surgical operation was undertaken. How viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medicai Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory tetanus) may be stated under the head of Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



PLACE OF DEATH	9043	STATE OF MARY	YLAND
(1000000	part of the same o	CERTIFICATE OF	DEATH
County County	L. (\)	O SP/	No. //
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		1.1 . 1	give its NAME Instead
* FULL NAME	remela	/ Cumbulan	at ettest tun anninct.3
		MEDICAL CERTIFICATE OF I	DEATH
PERSONAL AND STATISTICAL			a o
SEX	SINGLE,	18 DATE OF DEATH	1913
to a landaro	Write the word)	(Month)	(Year)
S DATE OF BIRTH	W7550 the Word)	I HEREFY CERTIFY, That I at	tended decembed from
DATE OF BIRTH	16, 185-	7 1913, to	7 - 1015
(Month)	(Day) · (Year)		7 - 1917
7 AGE	If LESS tha	and that death occurred on the date stated as	ove, at 1/200m
5-61	/ 1 dayhr	I INC CAUSE OF DEATH * Was as follows:	
yrs 6 mos	ds. ORmin. ?	- 0	0000078778844886777774888888888888888888
(a) Trade, profession, or	0,	Cuty-Cully	2
particular kind of work	uccus		
(b) General nature of Industry, business, or establishment in		(Duration)	Mrs mas 77 ds
which employed (or employer)	•••••		,
9 BIRTHPLACE (State or country)	1	(Secondary)	and to
Vena	Ellane,	(Ouration)	yrsmosds.
10 NAME OF	OP -	(Signed)	, ann
Lemons	Vuly	- 10 2 ct 1 · 7	Th- //
OF FATHER	1100000	7-(1913 (Address)	
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	, onto	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (deaths from Violent . 2) whether Acciden-
of Mother	25.	TAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE	aparay	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INC.	STITUTIONS, TRANSIENTS,
OF MOTHER (State or country)	Comment	At place In the ot death yrs mos ds. State	yrs, ds,
14 THE ABOVE IS THE TO THE BEST	F MY KNOWLEDGE	Where was disease contracted,	7 4
(P. 11 06	V.O. A.	It not at place ot death?	0 * 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(informant)	french fa	usual residence	
(Address) Colchant	1 / Con	19 PLACE OF BURIAL OR REMOVAL	ATE OF BURIAL
15		Took hart homes to	rly 3/, 1913
Filed		20 UNDERTAKER	FORESS
11141	REGISTRAR	Epoethand Constitutes 2, Teclos of	lod Co
If more blanks are ne	eded, address State Regis	trar, 6 E. Franklin St., Balto., Pequesting V. S. No.	1. /

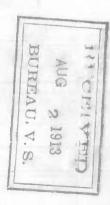


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibrase causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) Always qualify ali diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State (name origin; "Candeath), 29 ds.; Examples: cause for For VIO-



UNFADING INK-THIS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUBATION is very

80

of information should be DEATH in plain terms.

N. B.—Every Item c CAUSE OF I

1.9 19131...

RECORD

9044 1 PLACE OF DEATH Village or City Cumberland (No.



STATE OF MARYLAND CERTIFICATE OF DEATH

· Registration Dist. No

J.1	B. /	too	hital	7 t.;Ward)
				t.:ward)

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

	2FULL NAME Jun Kinkl	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Hale Color or RACE Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH July -) 8 ,191 (Month) (Day (Year)
6 D	alant 43 - 1 dayhrs.	that I last saw have allive on the date stated above, at 1 and that death occurred on the date stated above, at 1 and that GAUSE OF DEATH* was as follows:
(a pa (b) bus wh	yrs	(Duration) yrs. mos. d Contributory Secondary
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Buration) yrs mos d (Signed) (Signed) (No. 1) *State the DISEASE CAUSING DEATH, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 7	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
15	(Address) Emergense Hosp.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



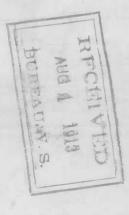
[Approved by U. S. Census and American Public Health Association.]

"material worked on may form part of the second applies to each and every person, irrespective of age. "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write Nonc. cated thus: Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-



valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... affection need not be stated unless important. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Never report For VIO-



PLACE OF DEATH 9045	STATE OF MARYLAND
(1) (2)	CERTIFICATE OF DEATH
Gounty A. S.	Registered No.
Village or City (No. 1, No. 1,	St; Ward) [It death occurred is a hospital or institution, give its NAME instead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female while (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY That I strenged deceased from
6 DATE OF BIRTH MAY 19 1910 (Month) (Day) (Year)	that I last saw h 12 alive on 24 2 ,1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
O Tyrs. / mos. / ds. OR min. ?	
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Jaga Landen of
business, or establishment in which employed (or omployer)	(Duration) / yrs. mos. /S. ds.
BIRTHPLACE (State or country) Conhart	Contributory (Secondary) (Deration) yrs mos 4s,
10 NAME OF FATHER J. R. M. Kirky	(Signed) , MO.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VioLent Causes, state (1) Means of Injubx; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Lely Crystof	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Ekhan-1966	At place in the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant)	If not at place of death? Former or usual residence
(Address) That was a start of the start of t	Thosthung, Ill July 5, 1813
Filed 191 3 REGISTRAR	Jacob Japen Friestburg Ma
If more blanks are needed, address State Registra	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purrerral septichaesuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . "Contributory." Measles (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can-"Exhaustion," Never report Examples:



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

	PLACE OF DEATH 9046	STATE OF MARYLAND
Co	unty Clill gary	CERTIFICATE OF DEATH
	de l'ann	Registration Dist. No.
Vill	PULL NAME Pas C 6 Hi	Gary Hos.; 3 Ward) [If death occurred to a hospital or Institution, give its NAME Instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51		16 DATE OF DEATH
9	hale Thit or Wiscones Or Write the word him	(Month) (Day (Year)
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Ch. 1 1894	, 191, to, 191,
	(Month) (Day (Year)	that I last saw h alive on
7 A C	The state of the s	and that death occurred on the date stated above, atm,
	19 yrs 1 mos 9 ds. 0R min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	Brushed Jan by being green
(a)	Trade, profession, or ricular kind of work	tour with Tager Andental
(b)	General nature of industry,	
whi	lness, or establishment in Southern Ose 112, E., och employer (or employer)	(Ouration) yrs. mos. ds.
9 81	RTHPLACE (State or country)	Contributory Additions Secondary
	10 NAME OF FATHER Chart his was	(Signed Ann A Chur Caroul M. D.
TS	11 BIRTHPLACE OF FATHER	Gelf /1 , 1913 (Address) Cambelland Hed
ARENTS	(State or country) 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
0	Margarel Buch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
((Informant) Luguest Krace, C	Former or usual residence for the former of
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	70 1019 4500	Jeman auch July 13, 1913
File	REGISTRAR	20 UNDERTAKER ADDRESS
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

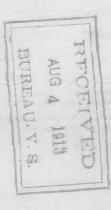


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid definite): Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection necd not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for For vio-



RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH ERMANENT EXACTLY 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDDWED, (Month) ORDIVORCED (Write the word) Manne (Month) (Day (Year) 7 AGE It LESS than 1 dayhrs. The CAUSE OF DEATH* OR mln. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. be (b) General nature of industry. O business, or establishment in which employed (or employer) UNFADIN 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (of PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Instructions pial OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER (State or country) DEATH of death yrs. mos. ds. Where was disease contracted, THE ABOV BEST OF ME KNOWLEDGE See It not at place of death? of o Former or PO CAL'SE OF usual residence (Address). 15 Flied REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. Ward)

ilt death occurred in a hospital or institution. give its NAME instead of street and number.]

I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at was as follows: , 1913 (Address) 1500 State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State yrs. DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional line is provided for the latter statement; should be taken to report specifically the occupations mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially \hat{m} industrial employments, it is necessary to know \hat{a} the kind of work and also aCivil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from ture of the American Medical Association.) The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) For vio-



nid is	County
RECORD PHYSICIANS should of OCCUPATION is	Village or Ci
	PER:
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT in of information should be carefully supplied. AGE should be stated EXACTLY. OF DEATH in plain terms, so that it may be properly classified. Exact statement it. See instructions on back of certificate.	Jewa 6 DATE OF BIR
ishould be	7 AGE
RITE PLAINLY, WITH UNFADING INK—THI of information should be carefully supplied. AGE shadTH in plain terms, so that it may be properly see instructions on back of certificate.	© OCCUPATION (a) Trade, profess particular kind of (b) General natur business, or est which employed (c)
IFADIII su it it matificate.	9 BIRTHPLACE (State or co
H UN so tha	10 NAME FATHE
WRITE PLAINLY, WITH UNFADING INI tem of information should be carefully supplied. OF DEATH in plain terms, so that it may be plant. See instructions on back of certificate.	Y 11 BIRTHI OF FA (State
PLA format TH in nstruct	13 BIRTHE OF MO (State
WRITE em of in OF DEA	14 THE ABOVE
1 1	(Address)
Every Ite CAUSE Importan	(Address)
N. B.—Every CAUSE Imports	FINEUL 8
-	

state

PLACE OF DEATH 9048	STATE OF MARYLAND CERTIFICATE OF DEATH
County accep	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cumberlant (No. 88	Salto avest; Ward) [If death occurred in a hospital or institution,
2 FULL NAME Mary G. Lill	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewal White (Write the word)	16 DATE OF DEATH July (Month) (Day (Year)
6 DATE OF BIRTH	Three 20 1013 to 29 1018
aug 30 ,83.	20, 1913, to 27, 1913,
(Month) (Day (Year)	that I last saw h.s. alive on 29, 1916
7 AGE If LESS than	and that death occurred on the date stated above, at 4 9 m
80 yrs. 10 mos ds, OR min, ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION //	Thochure made third?
(a) Trade, profession, or particular kind of work.	Thigh by my force 5035 Couper
(b) General nature of industry.	allus Jallus J
business, or establishment in which employed (or employer)	(Ouration) yrs. 3 mos. / 9 ds.
9 BIRTHPLACE (State or country)	Contributory Advanced age Taphunstice
10 NAME OF	(Duration) yrs mos ds
FATHER Muhumum	(Signed) JO Tochtucce, M. D.
OF FATHER	July 3, 191 & (Address) Carelinant Mel.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER	
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) alfone Lahrman	Former or usual residence
(Address) Omanda M. A.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FINEUL 2 1918 91 4 Infammes -	20 UNDERTAKER ADDRESS
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If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foremau,"

Statement of cause of death—Name, first, the Misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report For vio-



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	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery important. See instructions on back of certificate.
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PARENTS

15

m ż 6 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or particular kind of work...

(b) General nature of industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF. FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE STRUE

Address)

which employed (or employer)

PLACE OF DEATH County Clopy	9049	
Village or City Old From	(No	
FULL NAME Toul	ne X	uleman

PERSONAL AND STATISTICAL 4 COLOR OR RACE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St ;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead

NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIEO, WIOOWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Oct	that I last saw here alive on the date stated above, at
76 yrs. 8 mos. 9 ds. 0R min.?	The GAUSE OF DEATH * was as follows:
n, or Myusuuft ork of Industry, iishment In employer)	(Duration) yrs. mos d
md-	Gontributory (Secondary) (Duration) yrs mos d
AACE IER OUNTRY) NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
HER Cralin Jury 6 ACE HER OUDTRY, MIS	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) At place in the of death
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
1913 Las VKanya	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 121 20 UNDERTAKER ADDRESS ADDRESS



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of various pursuits can be known. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc.. Carcinoscia

cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitlal nephritis ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 9050	STATE OF MARYLAND
Alla	CERTIFICATE OF DEATH
County	Registration Dist. No
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Village or City Promoting (No	St.; Ward) a hospital or institution give its NAME instea
Soller Mos	2. Locald ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 0 0 10 3
Ternale White (Write the word)	(Month) (Day) (Year)
S DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw has alive on July 19 1913
⁷ AGE If LESS than	and that death occurred on the date stated above, at 6 Pm
5 8 yrs 6 mos. 3 ds. 0R min.?	THE HUSE OF DEATH + was as follows: counting at stand
a) Trade, profession, or particular kind of work Planuse Wife	Getterlinal Loyenia
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs, mos. 3 ds.
9 BIRTHPLACE (State or country) Treland	(Secondary)
10 NAME OF PALL D- T'	(Signed) (Si
2 11 BIRTHPLACE	July 19, 19 7 (Address)
OF FATHER (State or country) I reland.	*State the DISEARE CAUSING DEATH, Or in doeths from Viorway
V 12 MAIDEN NAME OF MOTHER 6 4	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 PIPTUPIACE A	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	at place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) James Mc Jonald	Former or
Showed feld whis	usual residence
(Address)	The arthur of Mile 2 2002
Filed help 1913 Franklit	20 UNDERTAKER ADDRESS
REGISTRAR	Jacob Haker Frontly
If more blanks are needed, address State Registrs	ur, of E. Franklin St., Balto., Requesting V. S. No. 1.
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[Approved by U. 8, Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative lealthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many The question "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "PUERPERAL scptichac--H art failure," "Haemorrhage," "Inanition," "Maras. genitai," such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritin nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of or Homicidal, or as probably "Dropsy," "Exhaustion," Never report Examples: For vio-



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9051 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 Ilt death occurred to Village or City St .: Ward) a hospital or institution. give its NAME Instead of street and number.] Ulc Dana Pol PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 18 DATE OF DEATH MARRIED Mary (Month) (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191..... to alive on (Month) (Dav (Year) 7 AGE it LESS than and that death occurred on the date stated above, at. 1 day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) State yrs. _ ... Yrs. mos. _ ds. Where was disease contracted. It not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 man au 20 UNDERTAKER

If more blanks are needed, address State Registrat & E. Franklin St., Baito., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopncumonia ("Pnenmonia," ungnalified, is indefinite): Tuberculces of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcanse of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital." "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease cansing deuth), 29 ds.; may be stated under State cause for the head of Never report For vio-



V. S. No. 1.

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-Every Item of Information should be carefully aupplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

ounty PLAGE OF DEATH Gounty 9052 Village or City Mostly (No. 50)/ FULL NAME Mary Francis	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WHOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h La alive op July 223 1917
7 AGE / yrs. 3 mos. 2 ods. or. min.? 8 OCCUPATION / yrs. 3 mos. 2 ods. or. min.?	and that death occurred on the date stated above, at
(a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Perturbace (State or country) Allegany Co	(Ouration) yrs. mos. / Z.ds. Contributory (Secondary)
11 BIRTHPLACE (State or country) Ballimore MA 12 MAIDEN MATE OF MOTHER telle C. Re	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE AS THUS TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE AS THUS TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) (Address) 50 Main Main Main Main Main Main Main Main	Usual residence 19 PLACE OF BURIAL OR REMOVAL Frontburg Stod July 24, 1913 20 UNDERTAKER FACOR TEASER Frontburg St. E. Kranklin St. Balto Properties V. S. No. 1
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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train—acciture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples: d8.; 01



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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classified. 4 2 should THIS properly AGE INK supplied. UNFADING may 80 WITH should PLAINLY in plain WRITE CAUSE OF Important, S

PRIACE OF DEATH state very County Village or City 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWED. ORDIVORCED DATE OF BIRTH (Month) 7.AGE BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ō terms, on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 0 12 MAIDEN NAME of Inc. DEATH In practice of Instructions of OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS

(Address)

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	t.;	 W	ar	d)

[If death occurred in a hospital or institution, give its NAME instead

NAME Sabelle	ot street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Mopth) (Day (Year)
, (white blue word)	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last ssw hslive on
S If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm,
yrs mos oR min.?	The CAUSE OF DEATH* was as follows:
Housework	Thork, caused by fright
stry, at In	accident (Duration) yrs few min. 18:
ier) Ma	Contributory rightenes by a report that Secondary has been (clled in a fine. mos dis.
Chas. Mets	(Signed) AMULAUS, M. D.
- Met	July 9.1., 1919 (Address) // Willing 74 /11/
intry)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL, OF HOMICIDAL.
Want Munt	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
intry) MA-	At place In the of death yrs mos ds. State yrs mos ds
TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
ids. Then (Talker)	Former or usual residence
White R. M.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 11 July 1 1913
1917 BALLAND	20 UNDERTAKER ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Censns and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmor or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: But in many "Foreman," (6)

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonacum, etc., brospinal term for the same disease. time and causatiou), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," "Croup";) fover (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meniughtls"); Diphthcria Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Examples: Cerebrospinal (avoid use "Epidemic cere-Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name orlgin; "Canvalvular heart disease; Chronic interstitial nephritis, mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Brouchopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, injury, as fracture of skull, and cousequences (c. g., deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioby carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"

ence. All the data is executed and must be obtained before the certificate is permanently file. If this certificate is looked over thoroughly and all ques-

AUG 1913

BUREAU. V.

BUREAU, V. S.

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See instructions

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(Informant)

(Address)

9054 1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE, widowed. DATE OF BIRTH 60 (Month) (Day TAGE 1 day. hrs. OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country PARENTS 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Year)

If LESS than

MY KNOWLEDGE

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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MEDICA	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	hery &	5	. 1913
	(Month)	(Day	(Year)
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and that death occurred	on the date sta	/ ted above, at	1/a_m
The CAUSE OF DEATH			1
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	(DURATION)	yrs	mosds.
Secondary		~~***	\$=\$\$0000000000000000000000000000000000
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(Signed) 613 CL	Zaco ha	101 21	6
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July 8 , 191 3	(Address) Cean	uhul	en ky
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, ANS OF INJURY; ICIDAL.	or, in deaths and (2) who	from VIOLENT ether Acciden-
18 LENGTH OF RESIDER	NCE (FOR HOSPITA		
OR RECENT RESIDENTS)	a in th	e	
ot death yrs mos		e yrs	mos ds
Where was disease contracted, if not at place of death?	Combe	le	mo
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PLACE OF BURIAL O	REMOVAL	DATE OF	BURIAL
20 UNDENAKER	1600	ADDRES	7, 191.5



[Approved by U. S. Census and American Public Health Association.]

inaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed; as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never · return "Laborer," As examples: "Foreman," (4)

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nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V. S.

PLACE OF DEATH 9055 STATE OF MARYLAND CERTIFICATE OF DEATH Registered No ... Ilt deeth occorred in St:Ward) a hospital or Institution. RECORD give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from (Month (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at f day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or 0 particular kind of work... (b) Genaral neture of Indostry. business, or establishment in which employed (or employer) -----BIRTHPLACE Contributory. (Secondary) (State or country) 10 NAME OF FATHER (Signed). . 191 3... (Address) 1 T BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 18 BIRTHPLACE At place OF MOTHER (State or country) lo the of Inform DEATH ot deeth yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. It not et piece ot deeth?-Former or OF Item usual residence. Every item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, persionaeum, etc.. Carcin-

which surgical operation was undertaken. For viccause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mailg cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purpresal septichaeetc., when a definite disease can he ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may he stated under the head State cause for



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Instructions

certificate.

PHYSICIANS

RECORD

9056 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County.... Registration Dist. No. Lit death occurred in a hospital or institution. give ifs NAME instead of streef and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Marcued 1918 WICOWEO, ORDIVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 191 to that I last saw h (Month) (Day alive on (Year) TAGE It LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAE, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ... yrs. ... mos. Where was disease confracted It not af place of death? Former or usuai residence

REGISTRAR If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

DATE OF BURIAL

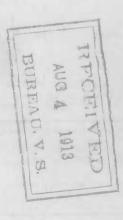
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second tion is very important, so that the relative healthful-CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

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MARGIN RESERVED FOR BINDING

SICIANS should OCCUPATION IS RECORD 50 PERMANENT be may that 80 plain = EATH of 1 DE OF Every Item CAUSE OF Important.

9057 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in a hospital or Institution give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH 5 SINGLE. MARRIED. WIDDWED, ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH (Day (Year) 7 AGE If LESS than 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the ot death yrs. mos. ds. State yrs. Where was disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. Former or usual residence. DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

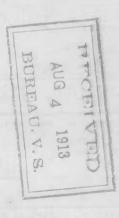


[Approved by U. S. Census and American Public Health Association.]

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	GAUSE OF INFORMATION SHOULD be carefully supplied. ACE should be stated EXACILT. PRINCIARNS should state and CAUSE OF Statement of OCCUPATION Is very important. See instructions on back of certificate.
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	PLACE OF DEATH 9058 ounty Allegany illage or City Fluitstone (No	STATE OF MAR CERTIFICATE OF Registration Dist St.; Ward)	DEATH
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SI		18 DATE OF DEATH (Month) 17 1 HEREBY CERTIES, That I a Fully 19, 191, 8, to June	(Day) (Year)
	(Month) (Day) (Year)	0 1.7 de 1	1913
		and that death occurred on the date stated at the CAUSE OF DEATH* was as follows:	0 312
(b)	deneral nature of industry, iness, or establishment io ch employed (or employer)	Contributory (Secondary)	.yrsds.
ENTS	10 NAME OF FATHER So's Mulphy 11 BIRTHPLACE (State or country) Alagany Co. Md.	(Signed) (Signed) (Address) Hand (Address) (Ad	deaths from Vrozava
PAR	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS. IN OR RECENT RESIDENTS) At place in the of death yrs mos ds. State Where was disease contracted, if not at place of death?	STITUTIONS, TRANSIENTS,
	(Address) Life Man	Former or usual residence	PATE OF BURIAL
15 Fil	80 July 22, 1913 D Bernett. REGISTRAR	20	DDRESS
1	If more blanks are needed, address State Registra	r, C E. Franklin St., Balto., Requesting V. S. No.	. 1.



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described therm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convultions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway trainmere symptoms or terminal conditions, such as "As The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



V. B. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Mut Jewayno	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
FULL NAME Lath lieu	Elyculate Media street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEMILIE WHILE STRINGLE, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h. Et alive on
TAGE) month 27 days If LESS than 1 day, hrs. yrs. mos, 37 ds. OR min.?	and that desth occurred on the date stated above, at 0. 70 m, The CAUSE OF DEATH* was as tollows:
(a) Trade, profession, or particular kind of work	(no oiles course notes)
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory (Secondary)
OF FATHER State eis Hedre (State or country) May level of Mainten Marie of Mother any and Secure	(Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Muy Cend	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Intermant) III	It not at place of death? Former or usual residence
16 Filed J. L. 7, 191 2 T. a. G. Rumanyha	Epicaple Cenetary July 5, 1913. 20 UNDERTAKER JUST Hywalthing 1
II more Dianks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The .(a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Housewife, Housework, of At Home, and children, not mine, etc. statement. material worked on may form part of the second the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithfulbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpural septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of "Contributory." Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 6 1918
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly elsssilled. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

PLACE OF DEATH 9060	STATE OF MARYLAND
Gounty allegang	CERTIFICATE OF DEATH
Village or City & Cumfuland (No. 8	The state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The service of BIRTH 4 COLOR OR RACE 5 BINGLE, WARRIED, WARRIE	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin,?	that lisst saw home alive on July 3 1913, and that death occurred on the date stated above, at 10 Pm. The GAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (ur employer) BIRTHPLACE (State or country)	(Duration) yrs mos 5 es. Contributory for acure Crafound (Secondary)
OF TATHER CLASS Purcher OF TATHER CLASS Purcher OF TATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease cuntracted, it nut at place of death? Furmer or usual residence
(Address) Juntaland und 16 Filed 1444 1913 J. A. Broadruss. Tocal Begistran 15 mars blanks are needed address State Paulan	19 PLACE OF BURIAL OR REMOVAL NOOSSORTE VA JULY 5., 181.3 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrat	, o m. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

: Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, lrrespective of age. tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, (6)

Statement of cause of death—Name, first, the diskable causing death—Name, first, the diskable causation, using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lunds, meninges, pertionacum, etc.. Carcinosis of lunds, meninges, pertionacum, etc.. Carcinosis of lunds,

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acotsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerreral peritonitis," etc. State cause for childbirth or miscarriage. as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:



V. S. No. 1.

	PLACE OF DEATH 9061	STATE OF MARYLAND
		CERTIFICATE OF DEATH
Co	ounty 11/ a	Registration Dist. No.
Vi	Illage or City Desless Foll (No,	Hannanul St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME Clay	Of streef and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 D#	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last faw harm alive on
7 AG	If LESS than t day,brs.	and that death occurred on the date stated above, at And 5-9 m.
	58 yrs. 7 mos. 20 ds. QR min.?	The CAUSE OF DEATH * was as follows:
(a) par (b) bush	CCUPATION Trade, profession, or floular kind of work General nature of industry, iness, or establishmenf in ch employed (or employer)	The of text Causel for fulling us.
9 BI (St	RTHPLACE (ate or country) * Quantre land!	(Secondary) (Duration) (Duration) (Duration) (Duration)
	10 NAME OF FATHER Luther Riger	(Signed)
NTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths/from VIOLENT
ARE	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
۵.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs
	(Informant) I tellack	Where was disease contracted, If not at place of death? Former or usual residence
	(Address) Tiedmont W. Va	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	led July 26, 1913 AMallauff	20 UNDERTAKER LADDRESS LUSTINGUL WIG
	If more blanks are needed, address State Regis trar, 6	



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specigratement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfuily employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Mousewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative meaithfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. sepsis, tetanus) Accidental drowning; Struck by railway train—accisucb, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Puerpural scottichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," Hart failure," "Haemorrbage," "Inanition," "Maras genitai," "Senile." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chroniu oma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:



		should state
	RECORD	PHYSICIANS of OCCUPAT
	LNI	rLY.
0 2 0 2	PERMANE	stated EXACI
	SA	sified
FOR	THIS I	E should
E D	NK	A AC
1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	TE	EAT F
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V. S. No. 1.		CAUSE Importan
200		
Para		-

PLACE OF DEATH 9062	STATE OF MARYLAND CERTIFICATE OF DEATH
County	10
Village or City Louis (No. 11.5 Has	Registration Dist. No
FULL NAME WINDOWN R	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, MODINORED ORDINORED (Write the word)	(Monch) (Day (Year)
6 DATE OF BIRTH Och 12, 1849	17 HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10-16 4m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. / 5 ds Contributory Secondary
10 NAME OF FATHER POSTAL ROSISTAND 11 BIRTHPLACE OF FATHER (State or country) & Colland 12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) (Duration) yrs mos ds (Signed) , 1913. (Address) M. D *State the Disease Causing Death, or, in deaths from Violen
12 MAIDEN NAME MARGAST Drum 13 BIRTHPLACE OF MOTHER (State or country) Sevelland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCAUSES, state (1) MEANS OF INJURY; and (2) whether According that, Suicidal, or Homicidal. 18 Length of Residents At place In the of deathyrs,mosds. Stateyrs,mosds
(Informant) ROLL TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) The Address (Address (Addres	19 PLACE OF BURIAL OR REMOVAL GATE OF BURIAL FLOUNDERTAKER PADDRESS ALL CONTROL OF BURIAL ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Servent, Cook, Housemaid, etc. If the occupation has ainfully employed, as At school or At home. Statement of occupation-Precise statement of occupauld be taken to report specifically the occupations Spinner, ersons engaged in domestic service for wages, as If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicade; Poisoned Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report



PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Franklin Mar (Nothellunghan)

..St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

	FULL NAME HAYEL I'M-C	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDDWED, DROIVORCED (Write the word)	16 DATE OF DEATH (Month) (Year) 17 I HEREBY GERTIFY. That I attended deceased from
8 DA	ATE OF BIRTH JAA JG (Month) (Day (Year)	that I last saw h 1913, to follow 1913,
	yrs	and that death occurred on the date stated above, at Affire D. I.m. The CAUSE OF DEATH* was as follows: It Al mul he had your time.
(b) busi whi	Trade, protession, or ritcular kind of work. General nature of Industry, siness, or establishment in ich employer (or employer) IRTHPLACE (State or country)	(Duration) yrs mos 6 ds. Contributory Saclara A Jay
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
14 T	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, It not at place of death? Former or usual residence.
15 Fil	(Address) Afficient All Andrews State Revise	19 PLACE OF BURIAL OR REMOVAL ALL NELL MUNICIPALITY - Special Support of Sup

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," -Coal (0)

lesis of lungs, meninges, peritonaeum, etc., pneumonia"); CAUSING DEATH (the primary affection with respect to ("Pneumonia." unqualified, is indefinite): Tubercu-"Croup";) brospiual term for the same disease. Examples: Cerebrospinal time and causatiou), using always the same accepted fover (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid Lobar pncumonta; Bronchopneumonia fever (never Diphtheria report "Typhoid "Epidemic cere-(avoid use

> mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichue ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection used not be stated unless valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertakeu. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," The nature of the important. "Exhaustion," Never report For vio-



RECORD PERMANENT supplied. ARGIN be should

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EATH

STATE OF MARYLAND 1 PLACE OF DEATH 9063 CERTIFICATE OF DEATH County. OCCUPATION Registration Dist. No. [If death occurred in a hospital or institution. give its NAME Instead of sfreef and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, A WIDOWED, (Write the word) I HEREBY CERTIF YoThat I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER of PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violation Violation Violation State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death yrs. mos. ds. Stafe Where was disease contracted. KNOWLEDGE of i DE/ If not af place of death? CAUSE OF Important. S Former or usual residence REMOVAL SATE OF BURIAL (Address)..... 15 20 UNDERTAKER AD DRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

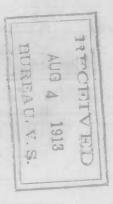


[Approved by U. S. Census and American Public Health Association.]

Grocory; (a) Foreman, (b) Automobile factory. The statement. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," , The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Meastes (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of terminal conditions, such as "As-(secondary or intercurrent) State cause for Never report For VIO-



9064	
1 PLACE OF DEATH	STATE OF MARYLAND
County alleg	CERTIFICATE OF DEATH
6001	Registration Dist. No.
Village or City Cumber Land (No. 229, 2FULL NAME LOTANE Russle	Smith (Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widowed, Ordiverse the word)	16 DATE OF DEATH ONL (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw hasas alive on July 1913.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4, 5, m, The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry,	1 menu
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Message Lands Secondary
on 11 BIRTHPLACE	(Signed) 20 M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Interment)	Where was disease contracted, It not at place ot death? Former or usual residence
(Address) 229 Grand ave	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL J. 1913. 20 UNDERTAKER ADDRESS
REGISTRAR	rar, 6 E. Franklin St., Balto., Requesting V. S. No. I.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. etc. The contributory valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: which surgical operation was undertaken. ture of the American Medical Association.) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For VIO-



	s binon
RECORD	PHYSICIANS SI
PERMANENT	tated EXACTLY. Exact statement
K-THIS IS A	AGE should be s properly classified.
UNFADING IN	carefully supplied. that it may be p certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
WR	B.—Every item CAUSE OF important. S

PLACE OF DEATH STATE OF MARYLAND 9065 CERTIFICATE OF DEATH al lea County..... Registration Dist, No. It death occurred in a hospital or institution. give its NAME instead ot street and number. 1 2FULL NAME. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 191.3 WIDOWED. Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH 7 AGE it LESS than 1 day 9 hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER ARENTS 11 BIRTHPLACE . 191.2. (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSEN, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. ds. State yrs. Where was disease contracted. it not at place of death?. Former or (Intermant) usual residence. tarreson s DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second -(a) Spinner, (b) Cotton mill; (a) Salesman, statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotivo engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for maligtetanus) may be stated under Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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1 PLACE OF DEATH

County Allegany 9066	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City Ormsold (No. *1) 2FULL NAME Olive 767	Stemand St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE Single, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased fro
March 30, 184 (Month) (Day (Year	10 July 31, 1913, to July 31, 1913
7 AGE 11 LESS th 1 day,, h 0Rmin.	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos d
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Sinclair 76 yau 11 BIRTHPLACE OF FATHER	Contributory (hours Consuched) Secondary (Signed) Jhas, the and Market Survey
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDES TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT.
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Cliver H Curch	At place In the of death yrs. mos. ds. State yrs. mos. d Where was disease contracted, If not at place of death? Former or usual residence.
JUL 31 1918 1 19	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MU Vernor Ohio July 31, 1913 20 UNDERTAKER ADDRESS

STATE OF MARYLAND

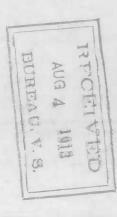


[Approved by U. S. Census and American Public Health Association.]

Acation as Day laborer, Farm laborer, Laborer—Coal gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mane, etc. "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal couditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



Exact statement of OCCUPATION is PERMANENT RECORD stated EXACTLY. properly classified. UNFADING INK-THIS IS should AGE item of information should be carefully supplied. certificate. 50 WRITE PLAINLY, WITH See instructions on back

Very

9067

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

County (5	Registration Dist. No.
Village or City Count of (No. 167)	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIODWED, OR DIVORCED (Write the Word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	
TAGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Buration) yrs. mos. ds Contributory Premelin Por NE Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OFFICE OF FATHER (State or country)	(Signed) (Duration) yrs mos ds (Signed) (Address) (Addr
OF MOTHER CANTON CANTON CONTROL OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death
(Address) 67 ma are	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTRAR

No. 002 CAUSE OF important. S

N. B.

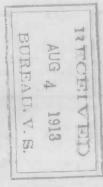


[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) Never report For vio-



	1 PLACE OF DEATH 9068	STATE OF MARYLAND
	211	CERTIFICATE OF DEATH
Co	ounty The grand years	Registration Dist. No.
	4/10000	10 A
V	illage or City Lease Car Torres (No. 87.	Mard) [If death occurred in a hospital or Institution,
	74:11: The	give its NAME Instead of street and number.
	FULL NAME //Lean //ell.	er O'll fleus
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR PACE 5 SINGLE,	18 DATE OF DEATH
71	WIDOWED,	(Month) (Day) (Year)
/"	ale- // Mele Oroworceo (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	July 7 1913 to July 7 1913.
	Jeby 3- , 1913-	that I last saw ham allve on the T 1913
7	(Month) (Day) (Year)	61
TAC	1 day,hrs.	and that death occurred on the date stated above, at 0.00 m.
	yrs. e mos, ods. or min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	4 50
	Trade, profession, or flower fixed a fixed from the	
	General nature of Industry,	from buch
	ness, or establishment in //o-ee	(Duration) V yrs. mos. ds.
-	RTHPLACE (ate or country) June Copy Careel	(Secondary)
(5)	late or country) Level 624 and	of mothy (Duration) from lunch ds.
	10 NAME OF TATHER	(Signed) Estrace NO
	120198 15- Stevens	
ARENTS	11 BIRTHPLACE OF FATHER	July 18, 1913 (Address) Links ma
Ü	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
4	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Y Unclasses 1	At place In the of death yrs, mos ds. State yrs, mos ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOW TEDGE	Where was disease contracted,
	O, The Color	If not at place of death?
	Informant) 720792 SILYEUS	usual residence
	(Address) Lunter tayelo	ACE OF BURIL OR REMOVAL BATE OF BURIAL
15	1 18 1913 45.00	Tose Hell beneley July 18, 1913
Fil	1, 18 1913 Talaungm.	20 UNDERTAKER ADDRESS
	REGISTRAR	J. Stanle Sulley 2911. Kentral
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., A. Ito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

the nature of the business or industry; and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistätcment. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PURRPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convultions," "Debility" ("Coninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train_acci-LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of _______ (name origin; "Can ver" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 nant ncopiasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion, State cause for Never report Examples: d8. :



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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH 9069 CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St .: Ward) a hospital or institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h alive on (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as followsmin. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) mos. which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) (Buration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE allegon storal. OF MOTHER (State or country) of death yrs. mes. 3 mos. Where was disease contracted. If not at place of death? Former or usual residence OF BURIAL (Address) 15 AUG 20 UNDERTAKER ADDRESS Filed. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauttion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection ueed not be stated unless important. The contributory (secondary or intercurrent) tetanus) (Recommendations ou statement of may be stated under the head Never report



S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 9070	STATE OF MARYLAND CERTIFICATE OF DEATH
Cou	inty Child garage	CP thy
	Men O	Registration Dist. No.
Vili	2FULL NAME Com Javey	St.; Ward) [It death occurred in a hospital or Institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, OR OLOVORCEO (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 1.1 I HEREBY CERTIFY That I attended deceased from
6 DA	TE OF BIRTH	My 1- 1912 to My 12 1918
	(Month) (Day (Year)	that I last saw h Man allve on AMA 11 191 3
7 A G		and that death occurred on the date stated above, at
	yrsmosds. ORmin.?	The CAUSE OF DEATH * was as follows:
(a)	Trade, profession, or ficular kind of work.	Chronic regions / My cardettis
busi	General nature of Industry, ness, or establishment in ch employed (or employer)	(Duration) 3 yrs. mos. ds.
	RTHPLACE (State or country)	Secondary Mulica Alland
	10 NAME OF Jakes Javey	(Signed) (Signed) (Signed), M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
	Interment) The Best of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) each rally	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL J. 1913.
File	JUL 12, 1913 Tobungh	20 UNDERTAKER ADDRESS
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it, should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b). Cotton mill; (a) Salesman, Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cauby carbolic acid—probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 State cause for Never report



	om of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very t. See instructions on back of certificate
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1 PLACE OF DEATH 9071 County allegans	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Malank (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Whete 5 SINGLE, MARRIED, Sur WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Mony) (Day (Year)
6 DATE OF BIRTH Much 5, 1913 (Month) (Day Year)	that I last saw h (alive on Ruly 3/ 1913)
7 AGE 1 LESS than 1 day,hrs. 26 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in	Choura Infaulur
which employed (or employer) 9 BIRTHPLACE (State or country) Midland Md	Gontributory Extraghtung Secondary
10 NAME OF Hom Henry Thomas 11 BIRTHPLACE	(Signed) yrs mos ds. (Signed) , M. D. Suly 31, 1913 (Address) FL Lule Web
OFFATHER (State or country) England 12 MAIDEN NAME OF MOTHER 2	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Frostfurg Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Medland Md	Frostburg ML Que 2, 1913
Filed July 31, 1913 To Thouses Registran If more blanks are needed, address State Regis	20 UNDERTAKER Audrew Spain Jonesone Md Strar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. *"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronie valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpegal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of Never report

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

AUG 5 1913 BUREAU V.S.

		should state
	RECORD	PHYSICIANS of OCCUPA
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.	WRIT	CAUSE OF DE important. See

1 PLACE OF DEATH

County Lelegans

9072	STATE OF MARYLAND
	CERTIFICATE OF DEATH

Registration	Dist.	No

.St .:... Ward)

[If death occurred in a hospital or institution, give Its NAME Instead

	FULL NAME	gylz M	of street and number.
	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE	SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH	0 2,184	that I last saw home alive on fruly 11 the 1913
7 A	GE .	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 11 20 am The CAUSE OF DEATH* was as follows:
(a pa (b) bus	ACCUPATION 1) Trade, profession, or articular kind of work	J	(Duration) yrs. mos. ds
TS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	mas hrige	(Signed) AP Jury G , M. D Secondary (Duration) yrs mos. ds (Signed) AP Jury G , M. D
PAREN	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	3 Ninse	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLEN' CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE) At place In the of death
14 .	(Informant)	T OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) MARAS S	Joseph Jane	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 8, 191.3.

REGISTRAR

If more blanks are needed, address State Registraty 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, gainfully employed, as At school or At home. mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medicai Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Never report For vio-



1 PLACE OF DEATH PHYSICIANS Should state Village or City RECORD PERSONAL AND STATISTICAL PARTICULARS statement A-PERMANENT EXACTLY. 5 SINGLE 4 COLOR OR RACE MARRIEO, WIDOWED, BINDING ORDIVORCED (Write the word) 6 DATE OF BIRTH pate classified. (Month) (Day) (Year If LESS I 7 AGE S 1 dey, Ľ THIS POF OR min: AGE sh 8 OCCUPATION AGE (a) Trede, profession, or INK RESERVED perticular kind of work (b) Beneral nature of Industry, supplied business, or establishment in UNFADING which employed (or employer) may 9 BIRTHPLACE (State or country). certificate. 10 NAME OF FATHER 0 MARGIN WITH OF FATHER: (State or country) ARENT PLAINLY. OF MOTHER plain Instructions OF MOTHER (State or country) of Inform DEATH WRITE 14 THE ABOVE IS TRUE TO THE Hen H CAUSE OF Important. (Address) 15 S. No. m REGISTRA ż If more blanks are needed, address State Regi

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;.....Ward)

[If death occurred in a hespital or Institution, give Ite NAME Instead

lsh		of street a	ina Hailia
MEDICAL	CERTIFICATE OF	F DEATH:	
16 DATE OF DEATH	July	22	101
***************************************	(Month)	(Day)	(Yea
Val a	OERTIFY That I	no n	cased
July 2/ 19	12 , to 700	4 16	, 191
hat I lest saw h L. all	//	1 11	19
and that death occurred o	n-the date stated	above, at.	2,30
The GAUSE OF DEATHY		0114	
Cleute Il	10-00	letro	

	(Duration)	yrsm	ns 4
	(551411511)	, (v , , , , , , , , , , , , , , , , ,	
Contributory			
(Secondary)			
(Secondary)	(Duration)	yrs,n	os
Af	Ouration)	угзт	
(Signed)	moon		
(Signed) (Si	ddless) Tark	Thu	9
(Signed) (Si	ddless) Tark	Thu	9
(Signed) (Si	using Death, or, so of Injury; and	In deaths from	Violi
(Signed) (Si	using Death, or, so of Injury; and	In deaths from	Violi
(Signed)	using Death, or, (Selof Injury; and Cidal.	In deaths from	VIOLI ACCIE
(Signed)	using Death, or, (Selof Injury; and Cidal.	In deaths from	VIOLI ACCIE
(Signed)	using Death, or, (Selof Injury; and Cidal.	In deaths from	VIOLI ACCIE
(Signed)	using Death, or, (Selof Injury; and Cidal.	In deaths from	VIOLI ACCIE
(Signed)	using Death, or, so of Injury; and cidal. in the ds. State	In deaths from (2) whether INSTITUTIONS,	VIOLE ACCID
(Signed)	using Death, or, so of Injury; and cidal. in the ds. State	In deaths from (2) whether INSTITUTIONS,	VIOLI ACCIE
(Signed)	using Death, or, so of Injury; and cidal. in the ds. State	In deaths from (2) whether INSTITUTIONS,	VIOLE ACCID
(Signed)	using Death, or, so of Injury; and cidal. in the ds. State	In deaths from (2) whether INSTITUTIONS,	VIOLE ACCID



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, if retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia." unqualified, is indefinite); Tuberculosis of lunys, meninges, peritonaeum, etc.. Carcin-

mia," "PUEBPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malisoma. Sarcoma. etc., of (name origin; "Cansuch, if impossible to determine definitely. Examples: childbirth or mlscarriage, as "Puerperal septichaegenital," "Senlle," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

	PLACE OF DEATH 9074	STATE OF MARYLAND
Gos	unty allegans	CERTIFICATE OF DEATH
	To 1	Registered No.
Vil	liage or City Shupt (No. 7,1) 2 FULL NAME Samuel	St; Ward) [If death occurrer a hospital or institute give its NAME institute of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)		16 DATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH	that I last saw have alive on for the last saw have alive of the last saw have alive on for the last saw have alive on for the last saw have alive on the last saw have
7 AG	E (Month) (Day) (Year) H LESS than 1 day,hrs. Wrs. 6 mas. 6 ds. ORmin.?	and that death occurred on the date stated above, at
(a) i parti (b) i busin	Trade, profession, or licular kind of work	Control of the Contro
9 816	RTHPLACE ate or country) Bostonsa M.d.	Contributory fall of swofeoul in Cons (Secondary), Coul Co Mine No. 12 (Duration) yrs. mos.
TS	10 NAME OF FATHER Samuel Grabon	(Signed) A, A, VIIII S, M. M. M. M. J. M. J. M. J. M.
PAREN	(State or country) Cengland	State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN. CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Scotland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death
	Interment) O Marles Watson	Where was disease contracted, It not at place of death? Former or usual residence
16	(Address) Shaff This	Thosburg Mod. Aug. 191.
File	ed,191	20 UNDERTAKED ANDRESS

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). the nature of the business or industry, and therefore an CAUSINO DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should he used only when needed. As examples: Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Lahorer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weaknese," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of ___ (name origin; "Can-State cause for Examples:



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County allegan	CERTIFICATE OF DEATH
	Registration Dist. No.
	Ad Strop st: Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH July (Month) 31 (Day (Year)
DATE OF BIRTH (Month) (Day (Year)	17 HEREBY CERTIFY, That I attended deceased from 1913, to Jacky 32, 1913 that I last saw have alive on Lasky 3, 2, 1913
AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 2 n
*OCCUPATION (a) Trade, protession, or particular kind of work (b) Constal polycoct Indiana	aconsispensed with enlarge
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos mos
BIRTHPLACE (State or country)	Contributory to Holida Secondary
10 NAME OF FATHER Wildmann 11 BIRTHPLACE	(Signed) Al (Duration) yrs mos / B d (Signed) Al (Duration) yrs mos / B d (Address) Barrelland (Re
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs. mos. des. State yrs. mos. des.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charles Wifelmann	Where was disease contracted, Cecur Instance. (Le Former or usual residence.
(Address) Cambril and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIRAUG 2 1918, Falaninghin-	German dutheran Muy 2., 191.3

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

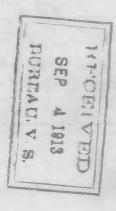


[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Fuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," gcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) the head of Never report



RECORD	PHYSICIANS should state t of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.
WRI	Every item of CAUSE OF DI Important. See

1 PLACE OF DEATH

9076

County allegany

July 11 1917 JA

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration D	ist. No	12
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ADDRESS

Village or City Medland, (No.	St.; Ward) [It death occurred in a hospital or institution,
2FULL NAME Still Born	Child of Rustilleaus give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while or by or	16 DATE OF DEATH by July // , 1913 (Year)
8 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 11 LESS than t day,hrs. yrs	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Still Born'= (Ouration) yrs mos ds.
State or country) Midlaud Md	Contributory Secondary
10 NAME OF FATHER Richard Hyilliams 11 BIRTHPLACE OF FATHER (State or country) Ocean Medi	(Signed) FA Charles , M. D. July 11, 1913. (Address) Millaul Mds
12 MAIDEN NAME Jadia Rosa	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Les Land H Williams	At place In the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place ot death?
(Address) Midlaud Md	19 PLACE OF BURIAL OR REMOVAL Ulliquing Circulary Guly // 1913.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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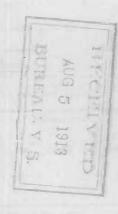


[Approved by U. S. Census and American Public Health Association.]

". Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) (Recommendations on statement of may be stated under the head Never report



STATE OF MARYLAND CERTIFICATE OF DEATH

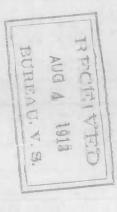
1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"L"Manager," "Dealer," etc., without more precise speciy statement. mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: cssary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Meastes; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Juanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for Never report



	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
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9078 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County allegans Registration Dist, No..... Ilt death occurred inWard) a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Dav) I HERBBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? mos. ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General natore of Industry. business, or establishment in (Ouration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS) INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State yrs, mos, ds Where was disease contracted If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 15 26 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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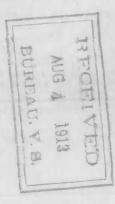


[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise spectmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner; (b) Cotton mill; (a) Sälesman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: For persons 6

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Puzzperal scptichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Taemla," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of _ Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. For vio--Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for malts The contributory Always qualify all diseases resulting from Measles (disease causing may he stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Never report Examples:



		N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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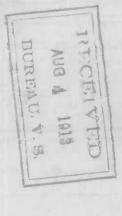
VIIIage or City Curry County Old County Old Curry VIIIage or City Curry County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in
FULL NAM Amande & 71	give ite Valle inchest
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried, Widowed, Willowed, Willowed, Willowed, Willowed, Willowed, Write the way therest	16 DATE OF DEATH (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
OATE OF BIRTH (Month) (Day (Year)	July 29, 1913, to July 29, 1913, that I last saw her alive on July 29, 1913.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10 Nm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Machine Country) **Machine Country **Ma	(Duration) yrs. mos. /2 ds. Contributory Accessive on Frais. Secondary
11 BIRTHPLACE OF RATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER AT A	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) and Incom 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) August August	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or
JUL 81 1013 Exchusion (REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL 20 UNDERTAKER ADDRESS Trankillu St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (rctired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1	1 PLACE OF DEATH 9080	STATE OF MARYLAND CERTIFICATE OF DEATH
Cour	ty all gary	CERTIFICATE OF BEATH
	() 1 - 1 - Free	Registration Dist. No.
Villa	2 FULL NAME Las frient of # 1	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	MARRIEO, WIDOWED,	18 DATE OF DEATH Luly (, 1913 (Year)
M	vale while (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DAT	E OF BIRTH	, 191 to 191 , 191
	(Month) (Day (Year)	that I last saw him alive on July 6 1913
7 AGE		and that death occurred on the date stated above, at
	yrsds. 1 day,hrs. ORmin. ?	The CAUSE OF DEATH* was as follows:
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(b) G	eneral nature of Industry	every love I hours.
busine: which	ss, or establishment in employed (or employer)	(Duration) yrsds.
	THPLACE tate or country)	Secondary EcJacupsia in Moches
1	ONAME OF HOME OF HOME	(Signed) (Duration) yrs mos ds.
w -	Miserse Mucon)	(organica)
H Z	1 BIRTHPLACE OF FATHER (State or country)	July 7 , 1913 (Address) Turn for June 1911
PARENTS	2 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
	BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
14 TH		of death yrs, mos ds. State yrs mos ds Where was disease contracted,
1.01	ormant)	It not at place of death? / Dove at Mosferta. Former or usual residence.
	(Address) Cumbuland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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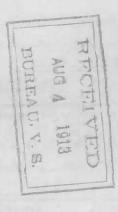


[Approved by U. S. Census and American Public Health Association.]

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Village or City Front Branch (No. Seil	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred to a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDINORCED (Write the word) 6 DATE OF BIRTH July 6, 1913.	16 DATE OF DEATH (Mynth) (Day (Year) 17 I HEREBY CERTIFY That I attended deceased from 1913, to July 1913, that I last saw helicus, alive on July 6, 1913.
7 AGE (Year) (Day (Year) 1 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the sale stated above, at 130 Am. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of lodustry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Drundler brik (Duration) yrs. mos 2 ds. Gontributory Secondary
10 NAME OF FATHER J. M. Morol. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER M. J.	State the Disease Causing Death, or, in deaths from Violent Causen, state (1) Means of Injury; and (2) whether Accidental, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs, mos. ds. State yrs, mos. ds.
(Address) & Branch. (Address) & Branch. The production of the Best of My knowledge (Address) & Branch. 15 Filed Luby 8", 1913 L. Broadrup Tocal, Registran	Where was disease contracted, it not at piace of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Far, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

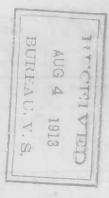


[Approved by U. S. Census and American Public Health Association.]

-"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal statement. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis aant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for Never report



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-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.... Ward) [If death occurred In a hospital or Institution, give Its NAME Instead

FULL NAME infant	YOTA. of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month) (Day (Year)
6 DATE OF BIRTH July 6 (Mouth) (Day (Year)	HEREBY CERTIFY, That I attended deceased from 1913, to 1915, that I lak saw here alive on 1913
7 AGE If LESS than 1 day,hrs.	and that death occurred on the wate states above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry, business, or establishment in which employed (or employer)	Premature beth (Duration) yrs. mos. 2 ds.
9 BIRTHPLACE (State or country) 7 Luce .	Contributory Secondary (Duration) yrs mos ds.
FATHER M Month. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(SED d) 191 & (Address) December 1 191 & (Address) Dearth, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 11 12 MAIDEN NAME OF MOTHER (State or country)	CAUSEA. state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. M. T.L.	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Santa Bradrula	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

applies to each aud every persou, irrespective of age. gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: causing neath, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pncumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measics; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; Never report For vio-

